

Case Number:	CM14-0187839		
Date Assigned:	11/18/2014	Date of Injury:	12/24/2005
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 42-year-old male with a 12/24/05 date of injury, and L4-5 laminectomy and decompression on 3/26/14. At the time (9/19/14) of request for authorization for TENS unit for purchase and Zanaflex 4MG, there is documentation of subjective (persistent low back pain) and objective (localized lumbar paraspinal muscle tenderness) findings, current diagnoses (chronic low back pain and postlaminectomy syndrome), and treatment to date (medications (including ongoing treatment with Oxycontin, Norco, and Zanaflex), TENS unit, and physical therapy). Regarding TENS unit, there is no documentation of how often the unit was used, outcomes in terms of function, and other ongoing pain treatment during the trial period (including medication use). Regarding Zanaflex, there is no documentation of Zanaflex use for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and postlaminectomy syndrome. In addition, there is documentation of ongoing treatment with TENS unit. However, there is no documentation of how often the unit was used, outcomes in terms of function, and other ongoing pain treatment during the trial period (including medication use). Therefore, based on guidelines and a review of the evidence, the request for TENS unit for purchase is not medically necessary.

ZANAFLEX 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and postlaminectomy syndrome. In addition, given documentation of ongoing treatment with opioids, there is documentation of Zanaflex use as a second line treatment. However, there is no documentation of spasticity. In addition, given documentation of ongoing treatment with Zanaflex, there is no documentation of Zanaflex use for short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work

restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4MG is not medically necessary.