MAXIMUS Federal Services

Case Number:	CM14-0191174		
Date Assigned:	11/25/2014	Date of Injury:	05/17/2011
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in Florida. 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:

The patient is a 55-year-old female with a date of injury of 5/17/2011. She did have two prior work related injuries before this one on 10/20/2006 and 7/29/2008. The mechanism of injury for the most recent injury is not discussed, but it is mentioned that at this time she sustained her right ankle injury. She has a history of chronic low back pain and bilateral feet and ankle pain. An MRI of the right ankle showed anterior inferior tibiofibular ligament scarring and degeneration. An MRI of the left ankle showed a new 5mm ganglion along the cuneiform joint and a liner tear of the anterior tibialis tendon. A bilateral lower extremity EMG showed a right-sided S1 radiculopathy. The patient is following with a Podiatrist who has administered an ankle injection for pain relief in the past. She has had prior treatment with physical therapy, medications, and TENS unit. She also wears Orthotics and has been using paraffin wax baths to improve her ankle and foot pain. A 9/17/2014 progress note had a physical exam that stated the following pertinent positives: tenderness to palpation along the right ankle joint line. The patient has been unemployed since January of 2013 per a 3/18/2014 qualified medical examiner re-evaluation report. A utilization review physician did not approve continued use of a TENS unit x 2 since there is no documentation of improved pain and functioning after prior TENS unit use. He also did not approve continued use of the muscle relaxant Cyclobenzaprine (Flexeril.) An Independent medical exam has been requested to determine the medical necessity of the TENS unit x 2 request as well as the medical necessity of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." As such, this request for Cyclobenzaprine is not medically necessary.

TENS x 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-117.

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation that she has had improved pain and functioning with her prior TENS unit treatments. There is also no clear documentation as to why a TENS unit x 2 is being requested. Therefore, this request for a TENS unit x 2 is not medically necessary.