

Case Number:	CM14-0192831		
Date Assigned:	11/26/2014	Date of Injury:	03/11/2013
Decision Date:	02/25/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 57-year-old female who was injured on March 11, 2013. The patient continued to experience pain in her low back. Physical examination was notable for paralumbar muscle tenderness, decreased left grip strength, intact sensation, and normal gait. Diagnoses included chronic lumbosacral strain. Treatment included medications, acupuncture, and chiropractic therapy. Requests for authorization for TENS unit and supplies, Celebrex 200 mg # 30, and Lorzone 750 mg #30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit rental for two (2) months and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a

noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. In addition, the requested duration of 2 months for trial surpasses the guideline recommended duration of one month for trial. Therefore, this request is not medically necessary.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

Decision rationale: Celebrex is the selective COX-2 non-steroidal anti-inflammatory drug Celecoxib. It has been useful in the treatment of osteoarthritis, ankylosing spondylitis, and rheumatoid arthritis. MTUS Chronic Pain Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than Acetaminophen, and had more adverse side effects. Adverse effects for hypertension and renal function have been reported with COX-2 NSAIDs. Record of pain and function with the medication should be documented. The records indicate that the patient had been prescribed Celebrex prior to October 2014 and was not achieving relief. Long term use increases the risk of side effects with no documented benefit. Therefore, this request is not medically necessary.

Lorzone 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

Decision rationale: Lorzone is the muscle relaxant Chlorzoxazone. This drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. Side effects include drowsiness and dizziness. According to the MTUS guidelines, non-sedating muscle

relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been using the medication since at least October 2014. The requested quantity of medication is for at least 30 days. The duration of treatment surpasses the recommended short-term duration of two weeks. Therefore, this request is not medically necessary.