

<b>Case Number:</b>	CM15-0147732		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/02/2005
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 46 year old female, who sustained an industrial injury on 5-2-05. She has reported initial complaints of neck, upper back and bilateral arm injuries. The diagnoses have included discogenic cervical condition with radiculitis along the arm, impingement syndrome of the left shoulder, upper back pain and sleep disorder due to chronic pain. Treatment to date has included medications, activity modifications, collar gel, neck pillow, diagnostics, Transcutaneous electrical nerve stimulation (TENS), hot and cold wraps, stretching exercises, physiatrist, and other modalities. Currently, as per the physician progress note dated 6-10-15, the injured worker complains of shooting pain from the neck down the bilateral arms. She reports issues with sleep and stress. The diagnostic testing that was performed included electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral upper extremities and Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Naproxen, Aciphex, Norco, Flexeril and Neurontin. The objective findings reveal tenderness along the rotator cuff on the left with findings of impingement noted. The injured worker will continue to work. The physician requested treatments included transcutaneous electrical nerve stimulation (TENS) Unit 4 lead, (indefinite use) quantity of 1, Conductive garment quantity of 1, Norco 10mg #160 and Flexeril 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit 4 lead, (indefinite use) Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

**Decision rationale:** CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include : Chronic intractable pain with documentation of pain of at least three months duration, 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. In this case the medical record does not document any rationale for a 4 lead unit over a 2 lead unit and does not contain any information about short or long term goals of therapy. A 4 lead TENS unit is not medically necessary.

**Conductive garment Qty 1: 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 Section 2 Page(s): 116.

**Decision rationale:** CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include : Chronic intractable pain with documentation of pain of at least three months duration, 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. In this case the medical record does not document any rationale for a 4 lead unit over a 2 lead unit and does not contain any information about short or long term goals of therapy. A 4 lead TENS unit is not medically necessary and therefore a conductive garment is not medically necessary.

**Norco 10mg #160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) 5th Edition, 2007 for current year.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Flexeril. This is not medically necessary and the original UR decision is upheld.