

Case Number:	CM15-0181283		
Date Assigned:	09/22/2015	Date of Injury:	06/20/2014
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 62 year old male who sustained an industrial injury on 06-20-2014. Treatment to date has included physical therapy, chiropractic care and medications. According to a progress report dated 08-25-2015, the injured worker had completed 6 sessions of chiropractic treatment. The injured worker felt a 50-60% improvement. He reported low back muscle spasm. Flexeril did not help. Objective findings included tenderness of the right lumbar paraspinal muscle. Muscle strength was 5 out of 5 in the bilateral lower extremities. Deep tendon reflexes were 2 plus. Diagnosis included chronic low back pain, thoracic spine sprain, lumbar spine sprain and right shoulder sprain. Prescriptions included Tizanidine 4 mg every evening for muscle spasm #30 with 1 refill. Authorization was being requested for TENS unit 1 month rent for low back and midback. Work status included full duty. He was to return to the clinic as needed. Records submitted for review show that the injured worker had been previously prescribed Zanaflex on 04-01-2015 and 05-08-2015. On 08-31-2015, Utilization Review non-certified the request for TENS unit, one month rental and Tizanidine (Zanaflex) 4 mg, thirty count with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, one month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Key case observations are as follows. The claimant was injured in 2014 with chronic low back pain, thoracic spine sprain, lumbar spine sprain and right shoulder sprain. Prescriptions included Tizanidine 4 mg every evening for muscle spasm #30 with 1 refill. Authorization was being requested for a one month TENS unit rental for the low and midback. The claimant had been prescribed Zanaflex on 04-01-2015 and 05-08-2015. The MTUS notes that TENS is 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, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Moreover, there is no documentation of the use as being an adjunct to a program of evidence-based functional restoration. The request is not medically necessary and appropriately non-certified.

Tizanidine (Zanaflex) 4 mg, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant was injured in 2014 with chronic low back pain, thoracic spine sprain, lumbar spine sprain and right shoulder sprain. Prescriptions included Tizanidine 4 mg every evening for muscle spasm #30 with 1 refill. Authorization was being requested for a one month TENS unit rental for the low and midback. The claimant had been prescribed Zanaflex on 04-01-2015 and 05-08-2015. Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that 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. The request was not medically necessary and appropriately non-certified.