

Case Number:	CM15-0186763		
Date Assigned:	10/07/2015	Date of Injury:	11/13/2012
Decision Date:	11/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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: Pennsylvania

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 54 year old female, who sustained an industrial injury on 11-13-2012. She has reported subsequent neck, bilateral upper extremity, low back and bilateral lower extremity and was diagnosed with lumbar L4-L5 and L5-S1 herniated nucleus pulposus and cervical and lumbar radiculopathy. Treatment to date has included pain medication, physical therapy, chiropractic therapy, application of heat and ice, transcutaneous electrical nerve stimulator (TENS) unit, home exercise program and acupuncture, which were noted to provide relief. Documentation shows that Cyclobenzaprine was prescribed since at least 07-09-2014. In progress notes dated 06-03-2015 and 07-29-2015, the injured worker reported continued low back pain radiating from to the left buttocks and into the lower left leg that was rated as 8 out of 10 and was unchanged. The injured worker reported that Flexeril helped to decrease cramping in the left leg and to help her to relax at night so she can sleep. There is no documentation as to the pain level before and after the use of pain medication or the duration of pain relief. The physician noted that Naproxen was discontinued due to stomach upset. Objective examination findings revealed diffuse tenderness of the cervical and lumbar spine, decreased range of motion of the cervical thoracic and lumbar spine and decreased upper extremity motor strength bilaterally, limited by pain and decreased motor strength of the tibialis anterior and EHL on the left with hyporeflexia of the biceps, brachioradialis, patellar and Achilles reflexes. The injured worker was noted to be off work. The physician noted that the injured worker was to be placed on a trial of Capsaicin cream to help her to reduce gastrointestinal complaints and that requests for TENS and Cyclobenzaprine were also being made. A request for authorization of transcutaneous

electrical nerve stimulation (TENS) unit purchase, Cyclobenzaprine 7.5 mg #180 and Capsaicin 0.05% Cyclobenzaprine 4% x 2 was submitted. As per the 08-27-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit purchase: Upheld

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

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

Decision rationale: According to the MTUS 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 neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Use of TENS in the treatment of low back pain is not included among the conditions for which TENS is recommended. The MTUS further states that although electro-therapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. TENS does not appear to have an impact on perceived disability or long-term pain. The criteria for the use of TENS includes chronic intractable pain with among other criteria, a one-month trial period of the TENS unit with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The record states that TENS helped to manage this workers pain but a 30-day trial with documented short and long-term goals was not included in the medical record. Furthermore, there is no indication from the record where the TENS is to be applied or for which problem. The request is not medically necessary.

Cyclobenzaprine 7.5mg #180: Upheld

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

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

Decision rationale: According to the MTUS, "muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as cyclobenzaprine are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not.

Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks." The record indicates this worker has already been on this medication for an extended period of time. There is no documentation of improved function as a result of cyclobenzaprine use. The request is not medically necessary.

Capsaicin 0.05% Cyclobenzaprine 4% x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: According to the MTUS, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The record does not indicate that this worker has been unresponsive or intolerant to other medications. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of muscle relaxants as a topical product. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.