

Case Number:	CM15-0187954		
Date Assigned:	09/29/2015	Date of Injury:	05/19/2014
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 41 year old male, who sustained an industrial injury on 5-19-14. Current diagnoses or physician impression includes L4-L5 5 mm disc protrusion associated with left posterolateral annular fissure-tear causing bilateral neural foraminal and left lateral recess stenosis and minimal central canal stenosis, L4-L5 facet arthropathy, L3-L4 3.5 mm disc protrusion associated with minimal central canal stenosis, advanced degenerative disc disease L3-L4, L5-S1 3.5 mm disc protrusion without central canal or neural foraminal stenosis, and lumbar radiculopathy (left lower extremity). His work status is temporary total disability. A note dated 8-12-15 reveals the injured worker presented with complaints of neck, upper and mid back along the spine, low back, left arm, and left leg pain. He describes his pain as burning, aching, throbbing, tingling, tightness, spasms, numbness, tenderness, weakness, hypersensitivity, and pressure. His pain is reduced from 10 out of 10 to 6 out of 10 with medications. He reports the medication begins to relieve his pain after 30-45 minutes and lasts up to 6 hours. He reports he is able to engage in prolonged walking, standing and sitting, sustain activities for 1 ½ hours and spend only 10% of his time in bed with the medication. He also reports he is able to reach overhead, concentrate, grip, grasp, hold and manipulate objects as well as shower, get dressed, don shoes and socks, and go to the store when he takes his medication. A note dated 7-14-15 reveals complaints of pain in his hips and left upper extremity as well as areas stated above. He reports spasms and "neuropathic" pain in his legs. Physical examinations dated 6-17-15 - 8-12-15 revealed slow altered gait and he unable to stand erect due to increased back pain. "There is tenderness and guarding in the lumbar paraspinal musculature. There are rigid muscle spasms to

the right of midline in the lumbar paraspinal musculature over approximately the T10 region." There is tenderness noted about the "sacroiliac joint." The TENS unit and Percocet provide relief per note dated 8-21-15. His current medications include Neurontin, Soma, Norco, Ativan, Butrans patch, Lexapro, Mobic, desipramine, and Percocet. He has had a transforaminal epidural steroid injection L5-S1 (left side) and left sacroiliac joint injection (helped for one day, per note dated 7-14-15) and trigger point injection with immediate pain relief, per note dated 7-14-15. Diagnostic studies to date have included cervical spine MRI and electro diagnostic studies. A Request for Authorization dated 8-28-15 for additional electrodes for TENS 3000 unit and Zanaflex 4 mg #90 with 3 refills were non-certified, per Utilization Review letter dated 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional electrodes for TENS 3000 unit: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to the cited MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be used as a noninvasive conservative adjunct for an evidence-based functional restoration program during a one-month home-based TENS trial. Furthermore, according to the Official Disability Guidelines, TENS is not generally recommended for chronic pain, as there is strong evidence that it is not more effective than placebo. According to the treating physician notes, there is no pain score reduction and objective functional improvement that is specific to use of the TENS unit. Therefore, the request for additional electrodes for TENS 3000 unit is not medically necessary and appropriate.

Zanaflex 4mg #90 with 3 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS, muscle relaxants for pain, such as Zanaflex (tizanidine), are recommended with caution only as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). Most cases of LBP showed no benefit of muscle relaxants beyond the typical non-steroidal anti-inflammatory drugs

available. Additionally, Zanaflex is an alpha2-adrenergic agonist that is FDA approved for management of spasticity, but has unlabeled use for low back pain. Recent treating provider notes from 8-21-15, state that the injured worker had been stable on multiple opioids and Zanaflex, with pain rated at 6/10 with medications versus 10/10 without medications. However, the primary issue is that Zanaflex is for short-term treatment of acute back symptoms and spasticity, but he has been on the medication long-term. The general recommendation is for Zanaflex use during those daily activities and times when relief of spasticity is most important. Due to the long-term usage and the lack of documentation concerning specific efficacy of Zanaflex, it is difficult to recommend without further clarification. Therefore, the request for Zanaflex 4mg #90 with 3 refills is not medically necessary and appropriate based on the current guidelines and medical history.