

<b>Case Number:</b>	CM15-0188787		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: New Jersey

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 44 year old male, who sustained an industrial injury on 2-5-2014. Medical records indicate the worker is undergoing treatment for neck pain, low back pain, and rule out cervical and lumbar spine disc herniation. A recent progress report dated 7-30-2015, reported the injured worker complained of neck pain, bilateral shoulder pain and low back pain. Physical examination revealed the injured worker was negative for cervical, lumbar and shoulder tenderness and negative straight leg raise test. Treatment to date has included chiropractic care, acupuncture, physical therapy and medication management. On 8-17-2015, the Request for Authorization requested TENS (transcutaneous electrical nerve stimulation) unit and Cyclobenzaprine. On 8-29-2015, the Utilization Review noncertified the request for TENS (transcutaneous electrical nerve stimulation) unit and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS 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 rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was a request for a TENS unit by the provider after an initial consultation appointment. There was no record found of having trialed TENS previous to this request to show benefit. Also, there was no evidence of the provider suggesting a specific plan for physical exercises or any other active modality to go with the TENS use, which is required. Therefore, it appears this worker is not a candidate for TENS purchase at this time, based on the notes available for review.

**Cyclobenzaprine (unspecified strength and quantity):** 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 MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, after completing an initial consultation, the provider suggested "short-term" use of cyclobenzaprine. However, physical examination findings revealed no tenderness or spasm of the lower back area to warrant this. Also, the dose and number of pills of cyclobenzaprine were not included in the request. Therefore, cyclobenzaprine is not medically necessary at this time.