

Case Number:	CM15-0204446		
Date Assigned:	11/19/2015	Date of Injury:	07/27/2015
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: Florida

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:

This is a 38 year old male who sustained a work-related injury on 7-27-15. Medical record documentation on 9-22-15 was being treated for compression fracture of the superior endplate L1 vertebra, central disc protrusion at L5-S1, right sided L5-S1 lumbar radiculopathy, right sided carpal tunnel syndrome and chronic myofascial pain syndrome. He reported constant low back pain shooting down the right leg to the level of the foot with associated numbness, tingling and paresthesia. He reported 70-80% pain relief with use of his TENS unit. He rated his pain a 5-6 on a 10-point scale and noted he had right wrist pain which he rated a 4-5 on a 10-point scale. Objective findings included increased lumbar lordosis with restricted lumbar spine range of motion. Paravertebral muscle spasm and localized tenderness to palpation was present in the thoracolumbar spine area. A right-sided sitting straight leg raise was 40-50 degrees and left side sitting straight leg raise was 50-60 degrees. He had diminished sensation to light touch over the medial and lateral border of the right leg, calf and foot. His manual motor strength was 5-5 except his right extensor hallucis longus and plantar flexors which were 4+ and 5. His right wrist range of motion was restricted with localized tenderness to palpation at the base of the right carpal bone. He had positive right side Tinel's and Phalen's tests. An EMG-NCV of the right side on 9-8-15 revealed L5-S1 lumbar radiculopathy. He was initiated on Ultracet for breakthrough pain and his Neurontin 600 mg, Relafen 750 mg and Flexeril 7.5 (initiated 8-25-15) for muscle spasm was continued. A request for TENS (transcutaneous electrical nerve stimulation) unit and Flexeril 7.5 mg was received on 9-19-15. On 10-9-15, the Utilization Review physician

determined TENS (transcutaneous electrical nerve stimulation) unit and Flexeril 7.5 mg was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: 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: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is 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; 3. Other ongoing pain treatment should also be documented during the trial period including medication usage; 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation that other treatment modalities have been tried and failed. The patient was only recently started on medication treatment before this request was submitted. Likewise, this request for a TENS unit is not medically necessary.

Flexeril 7.5 mg: 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: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Flexeril is not medically necessary.