

Case Number:	CM15-0024852		
Date Assigned:	02/17/2015	Date of Injury:	08/01/2003
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76-year-old male who reported injury on 08/01/2003 due to a work related injury. His diagnoses include lumbosacral/joint/ligament sprain/strain and piriformis syndrome. His past treatments include TENS trial, medications, and a home exercise program. On 01/08/2015, the injured worker complained of lumbar pain rated 6/10 at the max and after the use of a TENS unit the injured worker rated his pain at a 3/10 to 4/10 with more relaxed muscles. The physical examination was not performed at the appointment. The treatment plan included cyclobenzaprine for pain control and a TENS unit for home use as the injured worker was noted to have tolerated the unit well with decreased pain and muscle relaxation. A Request for Authorization form was submitted on 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines, Muscle relaxants are 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. The injured worker was indicated to have been on cyclobenzaprine for an unspecified duration of time. However, there was lack of documentation upon physical examination of acute exacerbation and chronic low back pain or documented muscle spasms. In addition, the guidelines do not recommend long-term use due to diminished efficacy and risk of leading to dependence. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary.

TENS for permanent home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the California MTUS Guidelines, 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. The criteria for the use of a TENS unit after the one month trial include: documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and ongoing treatment modalities within a functional restoration approach. Furthermore, the guidelines state other ongoing pain treatment should also be documented during the trial period including medication usage. The injured worker was noted to have decreased pain and more relaxed muscles after a trial period of the TENS unit. However, there was lack of documentation to indicate the unit was used as an adjunct to other ongoing treatment modalities within a functional restoration approach. There was also lack of documentation of other ongoing pain treatments to include medication usage. Furthermore, there was lack of documentation in regard to how often the unit was used as well as outcome in terms of pain relief on a numerical scale and function. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.