

Case Number:	CM15-0026081		
Date Assigned:	02/18/2015	Date of Injury:	12/19/2013
Decision Date:	04/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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
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 50 year old male injured worker suffered an industrial injury on 12/19/2013. The diagnosis was lumbar facet syndrome. The diagnostic studies were lumbar magnetic resonance imaging. The treatments were medications and nerve blocks. The treating provider reported the back pain was 9/10 with medications with poor sleep quality. The exam revealed decreased range of motion to the lumbar spine, hypertonicity of the muscles and tenderness, and facet loading was positive on both sides. The requested treatments were: 1. TENS (transcutaneous electrical nerve stimulation) UNIT 2. Zanaflex 4mg one tablet twice daily as needed, #603. Lidoderm 5% patch % (700mg/patch) #30

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 Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient receives treatment for chronic pain dating back to a work-related injury on 12/19/2013. The patient's diagnosis include facet joint syndrome with chronic low back pain. This review addresses ongoing use of a TENS device. The treatment guidelines state that the TENS unit may be medically indicated to treat some cases of phantom limb pain, CRPS II, spinal cord injury with spasticity, multiple sclerosis, or neuropathic pain, if it is from zoster or diabetes. The patient has none of these conditions. The request for ongoing treatment with TENS is not medically necessary.

Zanaflex 4mg one tablet twice daily as needed, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic pain dating back to a work-related injury on 12/19/2013. The patient's diagnosis include facet joint syndrome with chronic low back pain. Zanaflex is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Zanaflex may also be used to treat exacerbations of low back pain over the short term. Using Zanaflex over the long-term (more than 2-3 weeks) is not recommended. Like other muscle relaxers, Zanaflex may cause sedation. The documentation does not show that using this treatment has provided a return to function. Zanaflex is not medically necessary.

Lidoderm 5% patch % (700mg/patch) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient receives treatment for chronic pain dating back to a work-related injury on 12/19/2013. The patient's diagnosis include facet joint syndrome with chronic low back pain. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. Lidoderm is FDA approved for post-zoster neuralgia, when used as a second-line agent. Studies show that when Lidoderm was used for chronic muscle pain, Lidoderm was no better than a placebo. Use of the Lidoderm patch is not medically necessary for this patient.