MAXIMUS Federal Services

Case Number:	CM15-0212951		
Date Assigned:	11/02/2015	Date of Injury:	08/22/2006
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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: 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 was a 51 year old male, who sustained an industrial injury, April 22, 2014. The injured worker was undergoing treatment for low back pain with sciatica, cervical disc degenerative disease, lumbosacral or thoracic neuritis or radiculopathy. According to progress note of July 16, 2015, the injured worker's chief complaint was low back pain. The injured worker reported for a prescription for Cyclobenzaprine and TENS (transcutaneous electrical nerve stimulator) unit trail. The pain was rated 9 out of 10 prior to the trail and 8 out of 10 after the trail. According to the progress noted of October 4, 2015, the TENS unit was not helping much. The injured worker was in a lot of pain and was completely out of medications. The injured worker reported no problems with medications except a little drowsiness. The medications were helpful with temporary relief of the pain. The injured worker rated the pain at 8 out of 10. The physical examination of the neck noted mild tenderness. The lumbar spine had moderate tenderness. Lumber flexion caused at wrist to reach to the knees only. The injured worker's gait was mildly slow and stiff. The injured worker previously received the following treatments 8 sessions of physical therapy, Tylenol #3, prescription for Cyclobenzaprine since October 4, 2015 and TENS (transcutaneous electrical nerve stimulator) unit trial in July 2015 and home exercise program. The RFA (request for authorization) dated the following treatments were requested a prescription for Cyclobenzaprine and TENS (transcutaneous electrical nerve stimulator) unit patches times 4 pairs. The UR (utilization review board) denied certification on October 9, 2015; for prescription for Cyclobenzaprine and TENS (transcutaneous electrical nerve stimulator) unit patches times 4 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, QTY: 90.00: Upheld

Claims Administrator 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, Pain (chronic): Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2014 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg, QTY: 90.00 is not medically necessary and appropriate.

TENS patches x 4 pairs: 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: Review indicates according to the progress noted of October 4, 2015, the TENS unit was not helping much. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documentation on how or what TENS unit is requested, previous trial of benefit if any, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered to support for the TENS patches. The TENS patches x 4 pairs is not medically necessary and appropriate.