

<b>Case Number:</b>	CM15-0216930		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/19/2006
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old, male who sustained a work related injury on 5-19-06. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 8-20-15 and 10-4-15, the injured worker reports back pain with radiation down both legs. He rates his pain level a 5 out of 10. He reports pain in both calves that is worse with walking and better with rest. He doesn't feel like surgery "has helped at all." He is "getting worse and now unhappy with his back surgery." Upon physical exam dated 10-4-15, he has mild to moderate tenderness over lumbar spine. He is wearing a special back brace. Calf pain is the same. Homan's sign is negative. Treatments have included physical therapy-unknown number of sessions, lumbar epidural steroid injections, acupuncture-unknown number of sessions, lumbar spine surgery, use of a lumbar brace and medications. Current medications include Norco, Cyclobenzaprine, Omeprazole, Gabapentin and Diclofenac. He is not working. The treatment plan includes requests for medications, for a ultrasound with doppler of legs and for TENS patches. The Request for Authorization dated 10-4-15 has requests for an ultrasound with doppler, for Norco, Cyclobenzaprine, Omeprazole, Gabapentin, and Diclofenac, and TENS unit patches. In the Utilization Review dated 10-6-15, the requested treatments of Cyclobenzaprine 7.5mg. #60, an ultrasound with doppler and TENS unit patches #4 are all not medically necessary.

### 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 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:** The claimant sustained a work injury in May 2006 when he injured his low back while lifting boxes of computer paper while working as a janitor. He underwent a lumbar decompression from L4 to S1 in June 2015. In August 2015 he had been checked for DVT the day before with negative findings. He had post-operative physical therapy and completed 16 treatments as of 10/08/15. When seen by the requesting provider, he was having worsening pain and a limited walking tolerance. He was having bilateral calf pain. Physical examination findings included mild to moderate lumbar tenderness with an antalgic gait. There was no calf tenderness and Homan's sign was negative. TENS electrodes were provided. Cyclobenzaprine was prescribed. No refills were given. A lower extremity Doppler ultrasound was requested for arterial assessment and to assess for DVT. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and no findings or complaints of muscle spasms. Prescribing cyclobenzaprine is not considered medically necessary.

**Ultrasound with doppler:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Ultrasound, diagnostic; ODG Treatment - Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

**Decision rationale:** The claimant sustained a work injury in May 2006 when he injured his low back while lifting boxes of computer paper while working as a janitor. He underwent a lumbar decompression from L4 to S1 in June 2015. In August 2015 he had been checked for DVT the day before with negative findings. He had post-operative physical therapy and completed 16 treatments as of 10/08/15. When seen by the requesting provider, he was having worsening pain and a limited walking tolerance. He was having bilateral calf pain. Physical examination findings included mild to moderate lumbar tenderness with an antalgic gait. There was no calf tenderness and Homan's sign was negative. TENS electrodes were provided. Cyclobenzaprine

was prescribed. No refills were given. A lower extremity Doppler ultrasound was requested for arterial assessment and to assess for DVT. Guidelines recommend against repeating diagnostic testing without indication. In this case, the claimant has already had a negative ultrasound for DVT. There were no new findings that suggest a diagnosis of DVT and the claimant has not been immobilized. An assessment of peripheral pulses as part of a standard physical examination would be needed before considering vascular studies. The request is not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) unit patches per pair, #4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in May 2006 when he injured his low back while lifting boxes of computer paper while working as a janitor. He underwent a lumbar decompression from L4 to S1 in June 2015. In August 2015 he had been checked for DVT the day before with negative findings. He had post-operative physical therapy and completed 16 treatments as of 10/08/15. When seen by the requesting provider, he was having worsening pain and a limited walking tolerance. He was having bilateral calf pain. Physical examination findings included mild to moderate lumbar tenderness with an antalgic gait. There was no calf tenderness and Homan's sign was negative. TENS electrodes were provided. Cyclobenzaprine was prescribed. No refills were given. A lower extremity Doppler ultrasound was requested for arterial assessment and to assess for DVT. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. The quantity being requested is appropriate. The request is medically necessary.