

<b>Case Number:</b>	CM15-0038766		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Hawaii  
 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 53 year old female who sustained a work related injury on November 9, 2012, after slipping and falling in water and landing on a cement floor. She was diagnosed with a right shoulder rotator cuff tear, lumbar spine herniated disc and lumbar spine stenosis. She underwent a surgical right rotator cuff repair in August 2014. Treatment included physical therapy, acupuncture and pain medications. Currently, in December 2014, the injured worker complained of increased right shoulder pain, status post arthroscopic surgery in August 2014, right elbow pain, right wrist pain, right hand pain, left leg pain and low back pain. On March, 9, 2015, a request for one Transcutaneous Electrical Nerve Stimulation (TENS) unit 30 day trial and one prescription for Cyclobenzaprine 7.5 mg #90, was non-certified by Utilization Review, noting the California Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit 30 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS.

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

**Decision rationale:** The patient presents with increased right shoulder pain, status post arthroscopic surgery in August 2014, right elbow pain, right wrist pain, right hand pain, left leg pain and low back pain. The current request is for TENS unit 30 days. The treating physician states 12/30/14 (B86) "request for TENS 30 day trial period, recall TENS was efficacious at physical therapy". MTUS guidelines on the criteria for the use of TENS in chronic intractable pain state, include: documentation of pain of at least three months duration; 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 other 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 during this trial. And a treatment plan including the short and long-term goals of treatment with the TENS unit should be submitted. In this case, the treating physician has documented chronic pain and the failure of physical therapy. The current request is medically necessary and the recommendation is for authorization.

**Cyclobenzaprine 7.5mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** The patient presents with increased right shoulder pain, status post arthroscopic surgery in August 2014, right elbow pain, right wrist pain, right hand pain, left leg pain and low back pain. The current request is for Cyclobenzaprine 7.5mg quantity 90. Cyclobenzaprine is a muscle relaxant. The treating physician states on 12/30/14 (B23) Cyclobenzaprine on board at 7.5 mg at tid dosing facilitates diminution in spasm with resultant greater tolerance to daily activity and exercise. Range of motion is also improved, per patient, with significant diminution in pain average additional two-three points on a scale of 10. MTUS guidelines regarding Cyclobenzaprine (Flexeril) state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment". In this case, it is unclear how long the patient has been medicating with Cyclobenzaprine but it appears usage dates back till at least 9/3/14 (B46) and that the patient has been prescribed this medication on an on-going basis. MTUS does not support on-going, long-term use of Flexeril. Recommendation is for denial.

