

Case Number:	CM15-0098467		
Date Assigned:	06/02/2015	Date of Injury:	04/08/2014
Decision Date:	07/01/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 55 year old female sustained an industrial injury to the back and neck on 4/8/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, back brace, heat, transcutaneous electrical nerve stimulator unit, home exercise and medications. Magnetic resonance imaging lumbar spine (8/8/14) showed mild disc desiccation at L3-4 with minimal disc bulge, early facet arthropathy at L4-5 and bilateral facet arthropathy with mild bilateral neural foraminal narrowing at L5-S1. Magnetic resonance imaging cervical spine (12/6/14) showed mild cervical spondylosis at C6-7 with a peri-neural cyst at C7-T1. In a PR-2 dated 5/1/15, the injured worker complained of pain to the low, mid and upper back rated 7-8/10 on the visual analog scale with occasional radiation to the gluteal muscles. Current diagnoses included lumbosacral sprain/strain, thoracic spine sprain/strain, cervical spine sprain/strain and displacement of cervical intervertebral disc without myelopathy. The injured worker signed a controlled substances contract on 5/29/14. The injured worker had been prescribed Cyclobenzaprine since 4/10/14. The treatment plan included continuing medications (Neurontin, Tramadol, Cyclobenzaprine, Protonix and Lidopro cream), transcutaneous electrical nerve stimulator patches and referral to interventional pain management specialist.

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 Cyclobenzaprine (Flexeril); Antispasmodics: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine, a muscle relaxant, as a treatment modality. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, long-term use is not recommended. For this reason, cyclobenzaprine is not considered as medically necessary.

Gabapentin 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-18.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs) such as gabapentin as a treatment modality. AEDs are generally recommended for the treatment of neuropathic pain. When used to treat neuropathic pain, there must be documentation of outcomes in order to justify continued use. The MTUS guidelines provides the following definition of outcomes and management strategies: Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case the records indicate that the patient has been using gabapentin as a long-term treatment strategy; however, there is no documentation in support of a favorable outcome in managing the pain symptoms. For this reason, continued use of gabapentin is not justifiable. Therefore, gabapentin is not considered as medically necessary.

Transcutaneous electrical nerve stimulation (TENS) patches: Upheld

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): 113-116.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of TENS as a treatment modality. The indications for TENS are as follows: Chronic intractable pain: Documentation of pain of at least three months duration. There is 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 adjunctto ongoing 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.In this case, the records indicate that the patient has been using a TENS device for longer than the above noted trial period. There is no evidence in the record that the use of TENS has been associated with improvements in pain control or function. There is no evidence of a documented treatment plan including the specific short and long-term goals of the TENS unit. For these reasons, continued use of TENS is not medically necessary and there is no indicate for additional TENS patches.