

<b>Case Number:</b>	CM14-0163234		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 with a date of injury of 9/17/2010. The mechanism of injury was not documented. Past surgical history was positive for gastric bypass and anterior cervical discectomy and fusion at C5/6 on 1/31/12. The injured worker underwent right shoulder arthroscopic extensive debridement, capsular release, and acromioplasty on 7/15/14. She was attending post-op physical therapy. The 9/9/14 treating physician progress report cited neck, right shoulder, and bilateral wrist pain. Pain was exacerbated by prolonged sitting and standing, lifting, twisting, driving, and any activities. Pain was relieved with lying down, sitting, stretching, alternating positions and pain medications. A physical exam documented moderate loss of cervical range of motion with paraspinal tenderness and spasms. Right shoulder exam documented tenderness and spasms, range of motion limited by pain in all directions, and positive impingement signs. Upper extremity deep tendon reflexes were +1 and symmetrical. Authorization was requested for refill of transcutaneous electrical neuro-stimulation (TENS) unit supplies, Fentanyl patch, and oxycodone. Tizanidine was discontinued and Flexeril was prescribed. The treating physician reported a 50% pain reduction and 50% improvement in activities of daily living with the use of Fentanyl and oxycodone. The 9/25/14 utilization review denied the request for transcutaneous electrical neuro-stimulation (TENS) unit supplies as there was no current documentation of how often the unit was used, or outcomes in terms of pain relief and function to support on-going use. The request for Flexeril was denied as there was no documentation of an acute exacerbation or acute pain, and muscle relaxants were being prescribed on a long-term basis not supported by guidelines. The 9/30/14 treating physician appeal report cited complaints of neck, right shoulder, and bilateral wrist pain. Current medications included Voltaren gel, Nuvigil, Tizanidine, Gabapentin, Duragesic, Loratidine, Zolpidem, and Percocet. The treating physician appealed the denial of Flexeril. Flexeril provided

50% decrease in spasms with 50% improvement in anterior cruciate ligament. She was able to sleep 2 to 3 hours longer due to decreased spasms while taking Flexeril. The denial of transcutaneous electrical neuro-stimulation (TENS) unit supplies was appealed. The injured worker was using the transcutaneous electrical neuro-stimulation (TENS) unit for 45 minutes at a time during the day. Pain reduction was noted from 6/10 to 3/10 for 2 to 3 hours with transcutaneous electrical neuro-stimulation (TENS) use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Refill of TENS Unit Supply (Electrodes and AAA Battery): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Transcutaneous electrotherapy, Page(s): page(s) 114-116.

**Decision rationale:** The California MTUS guidelines recommend a 30-day TENS unit trial for chronic intractable pain when there is evidence that other appropriate pain modalities, including medication, had been tried and failed. Use of the TENS unit should be documented with documentation how often the unit was used, as well as outcomes in terms of pain relief and function. Guideline criteria have not been met. There is no compelling evidence that other pain modalities have failed. The progress reports documented pain relief with medications, but did not specify pain relief with TENS unit use. The appeal report indicated that the injured worker used the unit 45 minutes at a time. The frequency of use was not documented. Short term pain reduction of 50% was reported with TENS use. There was no documentation of a functional benefit. There is no compelling reason to support the medical necessity of additional TENS use over medications. Medications are reported as effective and provide the same level of benefit. Therefore, this request is not medically necessary.

**Flexeril 5mg #90: 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 Chronic Pain Medical Treatment Guidelines Muscle relaxants (for pain), Chronic Pain Medical T.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in injured workers with chronic lower back pain. Flexeril is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met for use of this medication. There is no current documentation that the injured worker has an acute exacerbation of her chronic pain. Tizanidine has been prescribed on a long term basis and was discontinued and replaced by Flexeril. There is no guidelines support for the long term use of

this medication. Guidelines support use limited to 2 to 3 weeks. The amount of Flexeril being prescribed suggests use in excess of guideline recommendations. Therefore, this request is not medically necessary.