

Case Number:	CM15-0000702		
Date Assigned:	01/15/2015	Date of Injury:	02/15/2012
Decision Date:	03/18/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 56 year old patient, who sustained an industrial injury on 02/15/2012. A primary treating office visit dated 11/05/2014 reported chief complaint of constant low back pain with intermittent radiation into bilateral lower extremities; right greater than left. The patient is reportedly with 40 percent improvement of left shoulder pain, status post left shoulder surgery on 08/04/2014. The patient is also noted status post work injury CT on 12/2011 to 03/02/2012 as of 11/05/2014. Lastly the patient complained of left elbow pain. The patient was declared permanent and stationary on 02/03/2014. Physical examination found cervical spine movements normal. Lower back showed midline tenderness extending from L4 to coccyx. Bilateral paravertebral muscle tenderness is noted right greater than left. Bilateral lumbar facet tenderness at L4-L5, L5-S1 right more than left. Mild right sacroiliac joint tenderness noted along with moderate right sciatic notch tenderness. Sitting and lying and Lasegue's tests are positive on the right at 60 degrees. The left shoulder showed tenderness over anterior, lateral and posterior aspects of left shoulder. Movements are restricted and painful. Surgical scar healed and flexion showed 90 degrees restricted and painful, extension 40 degrees painful, abduction 90 degrees and restricted/painful, adduction 40 degrees and painful. Internal rotation is 60 degrees restricted and painful, and external rotation at 80 degrees and painful. Impression noted possible lumbar diskogenic pain, possible bilateral lumbar facet pain L4-5, L5-S1 right more than left and possible lumbar sprain/strain; coccydynia, bilateral lumbosacral radicular pain, improving left shoulder pain and impingement, left elbow lateral epicondylitis and stress syndrome. The patient remains on Ultram and Flexiril. On 12/04/2014 Utilization Review non-certified requests for Flexiril and

transcutaneous electronic nerve stimulation unit, noting CA MTUS/ACOEM Chronic pain, Opioids, elbow, shoulder and stress were cited. On 01/02/2015 IMR application was received for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 11/05/14 Flexeril 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66, 124.

Decision rationale: Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records concluded the worker was suffering from lower back pain with lumbosacral radicular pain, coccydynia, improving left shoulder impingement, left lateral epicondylitis, and stress syndrome. There was no discussion detailing extenuating circumstances that would support the recommended long-term use. There also was no suggestion that the worker was having a new flare of lower back pain. In the absence of such evidence, the current request for thirty tablets of Flexeril (cyclobenzaprine) 7.5mg for the date of service of 11/05/2014 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

TENS unit, patches and supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain,

spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. The submitted documentation described the worker's long-term on-going pain, prior failed treatment, and benefit with the current use of TENS therapy. In light of this supportive evidence, the current request for transcutaneous electrical nerve stimulation (TENS) unit patches and supplies is medically necessary.