

Case Number:	CM15-0005308		
Date Assigned:	01/16/2015	Date of Injury:	11/28/1995
Decision Date:	03/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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

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 71 year old male, who sustained an industrial injury on 11/28/1995. He has reported chronic pain in neck, left shoulder and left hip. The diagnoses have included cervical post laminectomy syndrome, lumbosacral radiculitis, lumbar post laminectomy syndrome, degenerative disc disease (DDD), anxiety/depression, insomnia and chronic pain syndrome. Treatment to date has included physical therapy, aquatic therapy, surgery, acupuncture, psychological counseling, injections, and medications. Lyrica and zanaflex were noted to be prescribed in 2010. Currently, as per primary physician progress note dated 11/7/14, the injured worker complains of bilateral neck pain radiating to upper trapezius which is moderate and constant and aggravated by activities. He states that the pain is alleviated with medications. He has finished 8 aquatic sessions to date. He is slowly regaining strength and pool therapy is helping with balance and stamina. He has reduced anxiety and pain with medication use and improved sleep. Physical exam revealed the injured worker to be depressed, with antalgic gait and uses of cane for ambulation. The alignment of cervical spine showed head held in forward position, significant myofascial tightness and tenderness to cervical paraspinal muscles and bilateral shoulder girdles. He also has forward flexion at the waist. He continues to have trouble doing activities of daily living (ADL's) including unloading groceries, changing light bulb, making the bed, as well as balance difficulties, problems with anxiety and sleep and significant pain. The physician noted that the injured worker demonstrates increased activity and functionality on opioid therapy. On 12/10/14 Utilization Review (UR) non-certified a request for transcutaneous electrical nerve stimulation (TENS) Unit With Electrodes Combo

Pack (4x4" Electrodes 4 Leads), Zanaflex Capsules 4mg, Lyrica Capsules 100mg, and Additional Aquatic Therapy x 8 sessions. UR noted that he has chronic cervical pain and does not meet the guidelines for Transcutaneous Electrical Nerve Stimulation (TENS) use, that zanaflex is a sedating muscle relaxant not supported by the guidelines for treatment of chronic cervical spinal pain, and that lyrica is an anti-epileptic drug and there is no documentation of any neuropathic component to the pain. UR noted that additional aquatic therapy was non - certified as his past physical therapy sessions totaled 12 which was more than recommended and the therapy did not result in termination of opioid use or functional improvement. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited by UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit With Electrodes Combo Pack (4x4" Electrodes 4 Leads): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain. A treatment plan with the specific short and long term goals of treatment with the TENS unit should be submitted. The physician reports do not address the specific medical necessity for a TENS unit. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS. The MTUS notes that a one-month trial period of the TENS unit should be documented, with documentation of outcomes in terms of pain relief and function. No such trial was documented. A 2- lead unit is generally recommended; if a 4-lead unit is prescribed, there must be documentation of why this is necessary. In this case, a 4-lead unit was prescribed without documentation of why a 4-lead unit was necessary. Given the lack of clear indications in this injured worker, and the lack of any clinical trial or treatment plan per the MTUS, a TENS unit is not medically necessary

Zanaflex Capsules 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. No quantity was specified in the request for independent medical review for zanaflex; however, the progress note of 11/7/14 notes a quantity of 60 with 2 refills. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. The injured worker has been prescribed zanaflex for at least two years. There was no documentation of monitoring of hepatic function. The quantity noted in the most recent progress note is not consistent with short term use. Due to the long term prescription of this medication not in accordance with the guidelines, lack of documentation of monitoring of liver tests, and the lack of functional improvement as a result of its use, the request for zanaflex is not medically necessary.

Lyrica Capsules 100mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): p. 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. Lyrica has been prescribed for at least two years. There was no documentation of functional improvement as a result of its use. The documentation notes continued impairment in activities of daily living. Due to the lack of demonstration of functional improvement, the request for lyrica is not medically necessary.

Additional Aquatic Therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): p. 22.

Decision rationale: The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing/minimization of the effects of gravity is desirable. Such situations include extreme obesity, and in certain cases of knee complaints while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Water exercises have been noted to improve some components of health-related quality of life, balance, and stair climbing in the treatment of fibromyalgia, but regular exercises and higher intensities may be required to preserve most of these gains. The number of sessions of aquatic therapy follows the physical medicine guidelines. The documentation notes that the injured worker completed 8 sessions of aqua therapy which resulted in improvement in balance and stamina, however there was no documentation of improvement in activities of daily living. The records do not contain a sufficient prescription from the treating physician, which must contain diagnosis, duration, frequency, and treatment modalities, at a minimum. No body part was specified; the most recent progress note discusses mainly cervical spine issues but low back diagnoses were also documented. There was no documentation of need for decreased weight bearing during exercise, and no documentation of extreme obesity. Although there was notation of improvement in balance and stamina as a result of the prior aqua therapy, there was no documentation of functional improvement and it was specifically noted that the injured worker continues to have pain with activity and impairment in activities of daily living. Due to no body part specified for treatment, lack of documentation of need for decreased weight bearing with exercise, and lack of functional improvement as a result of prior aqua therapy, the request for additional aqua therapy is not medically necessary.