

Case Number:	CM15-0114462		
Date Assigned:	06/22/2015	Date of Injury:	04/18/2006
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: North Carolina

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:

The injured worker is a 59 year old male patient who sustained an industrial injury on 04/18/2006. On 09/15/2014 he underwent a cervical spine magnetic resonance imaging scan that showed foramina facets may be further assessed with a computerized tomography scan of the cervical spine if clinically desirable. The integrity of the hardware and fusion could have been better viewed with a CT scan. There were annular tears at C3-4, C4-5, C5-6, C6-7 and C7-T1 with posterior bulges and anterior disc protrusions at: C3-4 bilaterally. There is 2mm of anterolisthesis of C7 on T1. A MRI of the right shoulder taken 09/16/2014 showed at least 6 cysts versus components for a single larger cyst posterior to the bony glenoid suggestive for ganglion cyst; subchondral cyst in the posterior aspect of the bony glenoid considered arthritic in nature; a cyst in the humeral head considered to be a benign simple cyst and bicipital tenosynovitis. A primary treating office visit dated 09/24/2014 reported subjective complaint of having moderate neck pain; moderate low back pain; mild bilateral wrist pains; severe right shoulder pain. He has not partaken in any therapy as of yet and is still working regular duty taking Naproxen and Xanax for comfort. He was prescribed Norco 10/325mg. He is to return to a modified work duty on 09/24/2014. There is recommendation to undergo surgical intervention of the right shoulder rotator cuff tear. The following diagnoses were applied: status post anterior cervical discectomy and fusion at C5-6 and C6-7; right carpal tunnel syndrome plus ulnar nerve compression in the Guyon's canal; left carpal tunnel syndrome; anxiety; insomnia; bilateral shoulder impingement; status post carpal tunnel re-release of the media and ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 MG #60: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason the request is not certified. Therefore, the requested treatment is not medically necessary.

X-Force Stimulator with Solar-Care for Home Use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation): Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. The requested device is a combination device that includes TENS. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains

from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore criteria have not been met and the request is not certified. Therefore, the requested treatment is not medically necessary.