

<b>Case Number:</b>	CM15-0118106		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	02/01/2001
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 48 year old female, who sustained an industrial injury on 2/1/2001. The current diagnoses are status post C5-C6 and C6-C7 discectomy and fusion (3/25/2014), possible pseudoarthrosis at C6-C7, and chronic myofascial pain. According to the progress report dated 5/5/2015, the injured worker complains of occasional radicular symptoms in her upper extremities. The pain is rated 3/10 with medications and 6/10 without. Additionally, she reports having some muscle spasms. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles as well as some tenderness of the upper and lower trapezius muscles on the right. The current medications are Tylenol #4, Cymbalta, and Zanaflex. Per notes, Cymbalta help with her depression as well as improves neuropathic pain greater than 30%. Treatment to date has included medication management, x-rays, physical therapy, TENS unit, and surgical intervention. Work status: Sedentary work only. A request for Zanaflex, Cymbalta, and TENS unit has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg Qty 60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/antispasmodic drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Per CA MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. The CA MTUS recommend muscle relaxants for short-term use for acute flares of muscle spasms. In this case, the injured worker notes that she is having "some muscles spasms". However, there is no documentation of muscle spasms upon examination. Therefore, based on MTUS guidelines and submitted medical records, the request for Zanaflex is not medically necessary.

**Cymbalta 60mg Qty 30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 42-44.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta (Duloxetine) is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). The guidelines recommend Cymbalta be used as an option in first-line treatment option in neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). In this case, the documentation suggests that Cymbalta helps with her depression as well as improves neuropathic pain greater than 30%. The guidelines recommend Cymbalta is FDA approved for the treatment of depression and pain related to diabetic neuropathy. The records fail to provide a diagnosis of depression or diabetic neuropathy. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Cymbalta is not medically necessary.

**TENS unit purchase for cervical spine Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation is 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.

Criteria for the use of TENS: Documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, one-month trial period of the TENS unit should be documented (as an adjunct to 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, ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals should be established. In this case, the documentation does not imply that the TENS unit would be used as an adjunct to a program of evidence-based functional restoration. Additionally, there is no evidence that other pain modalities have been tried and failed. Therefore, based on CA MTUS guidelines and submitted medical records, the request for TENS unit is not medically necessary.