

<b>Case Number:</b>	CM15-0119405		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/22/2004
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Emergency 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 65-year-old male, who sustained an industrial injury on July 22, 2004. He reported tripping on uneven flooring, twisting his left knee. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, left knee pain, right side trochanteric bursitis, chronic pain, constipation, status post left knee arthroscopy, and a L4-L5 4-5mm protrusion. Treatment to date has included MRI, bracing, left knee surgery, physical therapy, pool therapy, TENS, and medication. Currently, the injured worker complains of neck pain that radiates down the bilateral upper extremities, low back pain that radiates down the bilateral lower extremities, and constipation. The Treating Physician's report dated May 13, 2015, noted the injured worker reported his pain as an 8/10 on average with the use of medications since the previous visit, and a 9/10 on average without the use of medications since the previous visit. The injured worker was noted to have tried and failed use of Flexeril secondary to gastrointestinal (GI) upset. The injured worker's TENS unit was noted to be no longer working, requiring a replacement. Physical examination was noted to show the injured worker in moderate distress, with a slow, antalgic gait, utilizing a cane for ambulation. The lumbar spine examination was noted to show spasms in the bilateral paraspinous musculature at L3-L5, with tenderness to palpation in the bilateral paravertebral area at the L3-S1 area. The paraspinous muscles on the right were noted to have myofascial trigger points with twitch response, with limited range of motion (ROM), and decreased sensitivity to touch along the L4-S1 dermatomes in the right lower extremity. Tenderness to palpation was noted at the right hip and bilateral knees, with the left knee noted to have painful range of motion (ROM).

The injured worker was noted to have developed an opiate tolerance due to long-term opiate use, and was currently not working. The treatment plan was noted to include was noted to include recommendations for physical therapy, permanent TENS authorization request, an orthopedic evaluation of the left knee, a request to continue all medications including Celebrex, Senokot-S, Vicodin, Prevacid, and Skelaxin, and a replacement left knee unloader brace.

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

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

**TENS unit (indefinite use): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that a TENS (transcutaneous electrical nerve stimulation) unit is not recommended as a primary treatment modality, and that the results of studies are inconclusive as 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. The criteria for the use of TENS for chronic intractable pain includes that there is evidence that other appropriate pain modalities have been tried (including medication) and failed, that a 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, that other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted, and a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The documentation provided notes that the injured worker's TENS unit no longer works, and that he requires a replacement. The documentation provided failed to include documentation of objective, measurable improvements in the injured worker's pain, function, or quality of life with the use of the TENS unit. Therefore, based on the MTUS guidelines, the request for a TENS unit (indefinite use) is not medically necessary.

**Skelaxin 800mg tablets, QTY: 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Metaxalone Page(s): 61, 63, 65.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the

elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Metaxalone (Skelaxin) is reported to be a relatively non-sedating muscle relaxant. Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. The injured worker was noted to have been taking Skelaxin as far back as July 22, 2010, with no documentation provided of objective, measurable improvement in the injured worker's pain, level of functioning, or quality of life related to the Skelaxin use. Based on the MTUS guidelines, the request for Skelaxin is not medically necessary.