

<b>Case Number:</b>	CM15-0176797		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: California, Indiana, New York  
 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 24 year old male, who sustained an industrial injury on 2-17-14. The injured worker was diagnosed as having cervicgia; lesion of radial nerve; fracture tarsal-metatarsal right foot; thoracic spine pain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right foot; EMG-NCV upper extremities (4-9-14). Currently, the PR-2 notes dated 8-14-15 indicated the injured worker returned to the office for a follow-up with the last visit documented as 7-15-15. The provider documents the injured worker has a QME May 2015 and was determined to be MMI and that he could return to full work. The provider documents "He completed physical therapy with some improvement. He was provided with home exercises and Thera-Band. He had significant benefit with use of TENS unit. Pain today is 8 out of 10. Pain diagram shows neck, posterior shoulder. Residual pain in the right arm secondary to the radial nerve injury and right foot secondary to fracture. Pain worse with increased activities such as standing, walking, lifting. Meds - Lyrica 75mg at bedtime, no significant improvement. No adverse side effects. Flexeril does help him at night during sleep." The cervical examination documents "Adequate flexion and extension, tightness with side bend and axial rotation, TTP midline and paraspinals lower cervical spine extending into the CT junction, TTP bilateral upper trapezius, levator scapula. Thoracic spine examination: TTP midline and paraspinal." The provider's treatment plan includes a prescription for Flexeril 10mg, trial of TENS unit (30 days) and to continue with the home exercise program and to return to this office in 4 weeks. The PR-2 note dated 7-15-15, the provider documents the injured worker "continues physical therapy. He has had some improvement. VAS score last visit 10 out of 10 [6-

19-15]. VAS score today 6-8 out of 10. Location of pain is in right neck, upper back as well as posterior shoulder area. He describes as aching in nature. He continues to have residual thumb numbness on the right from radial nerve injury. Residual aching foot pain on the right from metatarsal fracture. Trial of Cymbalta for pain reduction. He noticed side effects of emotional blunting as well as some improvement in his discomfort. Despite some benefit, he only took for one week then stopped. "Didn't like how it made me feel." He has had narcotics previously but told him due to his THC use would not recommend narcotic pain medications. He has difficulty sleeping as well, unable to find comfortable position. Robaxin does appear to be providing benefit of reduced spasm but he does wake up due to pain-tightness. Naproxen BID does reduce his pain to mild degree." The provider documents on this date as part of treatment plan Adverse-undesirable side effects from Cymbalta so he discontinued. Recommend a trial of Lyrica 75mg taken as directed. Discontinue Robaxin, start Flexeril 10mg BID as needed spasm, difficulty finding a position of comfort at night. Discussed use of trigger point injection to relieve spasm, tightness and discomfort. He will consider injection if he does not improve at next visit. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Transcutaneous electrical nerve stimulation (TENS) unit, 30 day trial; Flexeril 10mg, #60 and modified the decision for Lyrica 75mg, #90 to a quantity of #20. Utilization Review used the CA MTUS Guidelines in their decisions. The provider is requesting authorization of Transcutaneous electrical nerve stimulation (TENS) unit, 30 day trial; Flexeril 10mg, #60 and Lyrica 75mg, #90.

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

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

**Transcutaneous electrical nerve stimulation (TENS) unit, 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit 30 day trial is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low

back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervicalgia; lesion radial nerve; fracture tarsal/metatarsal closed; and pain in thoracic spine. Date of injury is February 17, 2014. Request for authorization is August 17th 2015. According to an April 17, 2015 progress note, the treating provider prescribed Robaxin. This is a progress note and not necessarily the start date. According to a July 15, 2015 progress note, Robaxin did not provide any clinical benefit and the treating provider prescribed Flexeril in its place. Additionally, the injured worker developed adverse effects with ongoing Cymbalta. Treating provider started a trial of Lyrica. An inconsistent urine drug screen was performed June 19, 2015. It was positive for cannabis and phencyclidine. According to an August 14, 2015 progress note, the injured worker completed physical therapy and is engaged in a home exercise program. The documentation states the injured worker receives significant benefit with TENS. There is no documentation of a prior TENS trial or the location of its application. Subjectively, the injured worker complains of neck pain and posterior shoulder pain with pain in the right arm and right foot. Pain score is 8/10. Objectively, there is cervical spine paraspinal muscle tenderness and tenderness overlying the trapezius muscles. There is no neurologic evaluation. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. There is no neurologic evaluation the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation indicating the area/region to be treated, guideline non- recommendations for TENS, TENS unit 30 day trial is not medically necessary.

**Flexeril 10mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervicalgia; lesion radial nerve; fracture tarsal/metatarsal closed; and pain in thoracic spine. Date of injury is February 17, 2014. Request for authorization is August 17th 2015. According to an April 17, 2015 progress note, the treating provider prescribed Robaxin. This is a progress note and not necessarily the start date. According to a July 15, 2015 progress note, Robaxin did not provide any clinical benefit and the treating provider prescribed Flexeril in its place. Additionally, the injured worker developed adverse effects with ongoing Cymbalta. Treating provider started a trial of Lyrica. An inconsistent urine drug screen was performed June 19, 2015. It was positive for cannabis and phencyclidine. According to an August 14, 2015 progress note, the injured worker completed physical therapy

and is engaged in a home exercise program. The documentation states the injured worker receives significant benefit with TENS. There is no documentation of a prior TENS trial or the location of its application. Subjectively, the injured worker complains of neck pain and posterior shoulder pain with pain in the right arm and right foot. Pain score is 8/10. Objectively, there is cervical spine paraspinal muscle tenderness and tenderness overlying the trapezius muscles. There is no neurologic evaluation. The documentation shows muscle relaxants were prescribed in excess of four months. The guidelines recommend short-term treatment (less than two weeks). Additionally, there is no documentation of acute low back pain or short-term treatment of an acute exacerbation of chronic low back pain. The documentation does not demonstrate objective functional improvement to support ongoing Flexeril. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of four months (guidelines recommend short-term, less than two weeks) and no documentation demonstrating objective functional improvement, Flexeril 10mg #60 is not medically necessary.

**Lyrica 75mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Pregabalin (Lyrica).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 75 mg #90 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are cervicgia; lesion radial nerve; fracture tarsal/metatarsal closed; and pain in thoracic spine. Date of injury is February 17, 2014. Request for authorization is August 17th 2015. According to an April 17, 2015 progress note, the treating provider prescribed Robaxin. This is a progress note and not necessarily the start date. According to a July 15, 2015 progress note, Robaxin did not provide any clinical benefit and the treating provider prescribed Flexeril in its place. Additionally, the injured worker developed adverse effects with ongoing Cymbalta. Treating provider started a trial of Lyrica. An inconsistent urine drug screen was performed June 19, 2015. It was positive for cannabis and phencyclidine. According to an August 14, 2015 progress note, the injured worker completed physical therapy and is engaged in a home exercise program. The documentation states the injured worker receives significant benefit with TENS. There is no documentation of a prior TENS trial or the location of its application. Subjectively, the injured worker complains of neck pain and posterior shoulder pain with pain in the right arm and right foot. Pain score is 8/10. Objectively, there is cervical spine paraspinal muscle tenderness and tenderness overlying the trapezius muscles. There is no neurologic evaluation. The documentation shows the treating provider prescribed Lyrica July 15, 2015 for trial. Lyrica is indicated for neuropathic pain conditions. There are no neuropathic symptoms and or objective findings documented in the medical record. In the August 14, 2015 progress note, there is no documentation demonstrating objective functional improvement with Lyrica. Based on clinical

information and medical records, peer-reviewed evidence-based guidelines, documentation with a clinical indication and rationale for Lyrica and no documentation demonstrating objective functional improvement, Lyrica 75 mg #90 is not medically necessary.