

<b>Case Number:</b>	CM15-0078539		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 03/27/2013. She reported injury to the right shoulder, right knee and cervical spine. Treatment to date has included right shoulder surgery, x-rays, physical therapy and medications. According to a progress report dated 04/02/2015, the injured worker was seen for ongoing low back, neck and bilateral knee pain. Right knee pain was greater than the left. Her current pain level was rated 6 on a scale of 1-10. Average pain over the past month had been 6 and as high as 8. The provider made reference to another provider's progress report stating the an x-ray of the right knee had been done and that there was almost bone on bone in her medial compartment, patellofemoral cartilage loss and a minor meniscus tear in her right knee. A Synvisc-One injection was authorized. Current medications included Norco, Verapamil and Primidone, Colace, Lactulose and Flexeril. Diagnoses included right shoulder pain with a right rotator cuff tear and surgical repair on 05/30/2014, low back pain, right knee pain and neck pain. Treatment plan included Flexeril, purchase of a TENS unit. According to the provider, the injured worker had a 30 day trial of the TENS unit and it decreased her pain and helped with sleep. She was able to sleep throughout the night after using the TENS unit. Before the TENS unit, she woke up several times in the middle of the night. Flexeril effectively decreased her muscle spasms. She continued to work full time. Currently under review is the request for TENS unit and supplies (rental or purchase) and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit & supplies (rental or purchase): Upheld**

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

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

**Decision rationale:** With respect to chronic pain and according to the MTUS, TENS 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, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case, the provided documents indicate that a thirty-day trial was successful with respect to sleep and pain, but there is no evidence of objective functional improvement or decrease in medication requirement, etc., that warrants further use of TENS at this time. A treatment plan outlining short and long term goals for TENS therapy has not been established per the provided records. Therefore, while use of TENS may be a reasonable option at this point in the case, the provided documents do not provide sufficient evidence to support the request, and therefore the request cannot be considered medically necessary at this time.

**Flexeril 7.5 mg, thirty count: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

**Decision rationale:** The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on the drug previously, and currently no objective evidence of spasm on exam, Flexeril cannot be considered medically necessary.

