

<b>Case Number:</b>	CM13-0015844		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old female who reported an injury on 05/07/2009. The patient is currently diagnosed with cervical stenosis, bilateral shoulder impingement syndrome, bilateral cubital tunnel syndrome, and bilateral wrist sprain and strain. The patient was recently seen by [REDACTED] on 10/01/2013. The patient reported occasional sharp pain in the bilateral wrists with improvement in left shoulder pain. The patient also reported cervical spine pain. Physical examination revealed decreased tenderness to palpation, negative crepitus, and improved shoulder range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave rental x 30 days QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines 07/18/2009, (HWT) Page(s): 171-1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Page(s): 117-118.

**Decision rationale:** California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft

tissue inflammation. The unit should be used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, to include physical therapy and medications, plus transcutaneous electrical nerve stimulation. As per the clinical notes submitted, there is no evidence of failure to respond to previous conservative treatment including physical therapy, medication, and a TENS unit.

**Lidoderm patch 5% QTY:30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic pain after there has been evidence of a trial of first-line therapy. As per the clinical notes submitted, there is no documentation of a failure to respond to first-line oral medication with antidepressants or anticonvulsants prior to the initiation of topical lidocaine.

**Flexeril 10mg QTY: 30.00:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID)'s in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy and should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication for longer than 2 to 3 weeks. Satisfactory response to treatment has not been indicated and there are no exceptional factors noted in the documentation that would warrant the need for continuation of this medication. As guidelines do not recommend the chronic use of cyclobenzaprine, the current request cannot be determined as medically appropriate.