MAXIMUS Federal Services

Case Number:	CM13-0016439		
Date Assigned:	11/06/2013	Date of Injury:	01/21/1997
Decision Date:	01/22/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 01/21/1997. The primary diagnosis is 724.2, or lumbosacral radiculitis. The treating diagnoses include lumbar radiculopathy and muscle spasm. On 07/23/2013, the treating provider saw the patient in followup and noted that he continued to complain of tolerance to Lortab, noting it was not helping as much as it previously did. The patient did not wish to take any long-term medication. The reviewer notes that Lortab had been approved for weaning purposes and patient had suboptimal control when he attempted to taper it and was unable to perform activities of daily living. The treating physician notes also that the patient had been denied Soma by recent peer review and that this helps to reduce his chronic muscle spasms which worsen his lower back pain and that Elavil was no longer helping with neuropathic pain. The treating provider reviewed that past MRI showed multilevel bulges in the lumbar spine. The treatment plan was to taper Soma as well as to continue Lortab in order to reduce pain and allow the patient to function and performed activities of daily living and to discontinue gabapentin. The patient wished to continue acupuncture. Previously on 07/02/2013, the patient was seen by the treating provider and noted he did not want to take Neurontin as he tried this in the past and had side effects. The patient wished to try H-wave for his low back, noting in the past transcutaneous electrical nerve stimulation (TENS) gave the patient only minimal relief, and he was not able to taper medications. The patient wanted to decrease his medications and try H-wave. An initial physician review in this case notes that the patient previously failed a TENS unit and that patient has the diagnosis of a radiculopathy and muscle spasm. That review notes that the patient is not documented to have diabetic neuropathic pain or chronic soft tissue inflammation and that there was no evidence that the patient was participating in

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave 30 days rental for lower back area: Overturned

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 Section H-wave Stimulation Page(s): 117-118.

Decision rationale: The MTUS guidelines indicate that H-wave stimulation is "not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including recommended physical therapy and medication plus transcutaneous electrical nerve stimulation (TENS)." The medical records clearly indicate in this case that this patient has failed initial conservative care in that there is an ongoing attempt to taper the patient from numerous drug classes. The medical records make very specific reference to functional decline while the patient's treatment has been titrated, and this does meet the criteria of a functional restoration program consistent with the guidelines. The initial physician review in this case indicated there was no evidence of documentation of a program of evidence-based functional restoration; this does not imply that the claimant needs a formal functional restoration program but rather that the treating physician notes address functional goals, which is the case presently. The prior reviewer also noted that there was no specific documentation of the presence of chronic soft tissue inflammation. In the context of the guidelines, this clearly refers open-endedly to a variety of musculoskeletal diagnoses since, for example, TENS is indicated for only neuropathic pain and TENS is not indicated literally for soft tissue inflammation, yet the guidelines for H-wave stimulation encourage an initial trial of TENS. Certainly in this context, a neuropathic pain condition such as this patient has for which TENS clearly was originally indicated would also be a condition for which H-wave stimulation is indicated as a second line after attempts had failed. For these multiple reasons, the guidelines have been met. The request for a 30-day H-wave trial is medically necessary. This treatment is particularly necessary since there is an ongoing attempt to taper the patient from multiple drug classes, and H-wave would be strongly supported by the guidelines as preferential to opioid or psychotropic medications.

Soma 350mg, #120: Upheld

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 Section Carisoprodol (Soma) Page(s): 29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on carisoprodol (Soma), page 20, states that "this medication is not indicated for long-term use...Abuse has been noted for sedative and relaxant effects...Carisoprodol abuse has also been noted to augment or alter effects of other drugs." The medical records from the treating provider discuss that this medication has been used for spasm; however, it is not clear to what extent other first-line medications for muscle spasm and pain have been tried such as, for example, tizanidine. The medical records and guidelines do not support an indication for Soma. This request is not medically necessary.