

Case Number:	CM13-0022567		
Date Assigned:	11/13/2013	Date of Injury:	11/30/2012
Decision Date:	01/07/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/10/2013

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.

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 28-year-old female who reported an injury on 11/30/2012 with mechanism of injury being a slip and fall. The patient was noted to have pain in the low back all the time. The pain was noted to radiate into the right buttock and down the back of the leg. The patient's diagnoses were stated to include a lumbar spine sprain/strain, disc protrusion at L4-5 and L5-S1, lumbar radiculopathy, cervical spine sprain/strain, and long-term use of medications. The request was made for purchase of an H-wave unit, prescription of Zanaflex 4 mg for 30 days #60, and request for Prilosec 20 mg 1 every day for 30 days #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 117.

Decision rationale: California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention, but do recommend a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following the documented failure of initially recommended conservative care including physical therapy,

medications, the use of a TENS unit. The clinical documentation indicated the patient had tried medication, 31 visits of physical therapy, a topical cream, and tried a TENS unit with no adequate relief. The clinical documentation indicated the H-wave was helping the patient control the pain as before it was 9/10 and after using the H-wave it was 3/10. The patient's objective examination revealed the patient had positive tenderness to palpation on the right side greater than the left, lateral flexion of 30 degrees bilaterally, and flexion 4 inches from the floor. The patient's cervical spine examination indicated the patient had flexion 1/2 inch from chest, extension 60 degrees, and bilateral rotation at 80 degrees. While it was noted the physician was prescribing a purchase of the H-wave unit, it failed to provide the patient had a 1 month home-based trial of H-wave stimulation and failed to provide the patient was using it as an adjunct to a program of evidence-based functional restoration. As it was noted per the 08/20/2013 visit, the patient had increased range of motion and ability to function with less pain and ability to move and the patient was noted to not be in physical therapy. Given the above, the request for purchase of an H-wave unit is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65 and 111.

Decision rationale: California MTUS Guidelines recommend Zanaflex as a short-term treatment of acute exacerbations in patients with chronic low back pain for spasms. The clinical documentation submitted for review indicated the patient had been taking Zanaflex as of 04/10/2013 and failed to provide exceptional factors to warrant extended treatment. The clinical documentation submitted for review failed to provide the efficacy of the medication and failed to provide the necessity for 60 pills as it was noted to be taken 1 per day. Given the above, and the lack of exceptional factors, the request for Zanaflex 4 mg 1 every night for 30 days QTY: 60 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the physician was prescribing the medication to the patient to have gastric protection. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication and it failed to provide the patient had dyspepsia. Additionally, it failed to

provide the necessity for 60 tablets as it was noted to be taken 1 per day. Given the above, the request for Prilosec 20 mg 1 every day for 30 days supply #60 is not medically necessary.