

Case Number:	CM13-0038727		
Date Assigned:	02/19/2014	Date of Injury:	08/28/2011
Decision Date:	04/23/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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/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:

This is a 64 year-old female with a 8/28/2011 industrial injury claim. She has been diagnosed with cervical sprain/strain; cervical DDD/DJD; thoracic sprain/strain; lumbar DDD/DJD and lumbar spine sprain/strain. According to the 8/22/13 orthopedic report from [REDACTED], the patient continues with pain in the lower back that radiates from the neck. She is reported to be doing home exercises and using an H-wave twice daily with temporary benefit. She also takes Norflex and night and uses Medrox cream. [REDACTED] request authorization for an H-wave purchase, as well as Norflex refills. On 9/2/13, UR denied the H-wave and modified the request for Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HWT, 114-121

Decision rationale: The patient presents with neck and back pain. The request is for an H-wave purchase. MTUS states "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The available records show the patient had PT, but never had a trial of TENS. The provided PT notes date back to 4/11/13 and show the patient was treated with H-wave at that time. The patient has not met the MTUS criteria for a trial of H-wave nor for a purchase of the H-wave unit

NORFLEX: Upheld

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

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

Decision rationale: The review is for an incomplete prescription for Norflex. The quantity, strength and dosage were not provided. The patient presents with neck and back pain. The Norflex appears to have been prescribed initially on 7/11/13, and prior to that the patient was on Soma since 4/18/13. The 6/26/13 PR2 report from [REDACTED] just states "medication refill" and does not state what medications were refilled. Norflex qhs was again requested on 8/22/13 and Utilization Review (UR) modified the request to allow #60 of Norflex 100mg because the physician did not specify the total number of tablets. The dosing provided by UR appears to be in accordance with the MTUS guidelines. MTUS states the dosage is Norflex 100mg twice a day. The request is not certified.