

<b>Case Number:</b>	CM13-0045599		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Illinois. 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 39-year-old female who reported an injury on February 16, 2010 after her feet were pinned underneath a wheelchair. The patient ultimately developed complex regional pain syndrome of the left foot. Previous treatments have included physical therapy, medications, psychological support, and a functional restoration program. The patient's most recent clinical evaluation documented that the patient had an increase in left foot pain secondary to increased activity levels. Physical findings included antalgic gait with ambulation assistance of a cane. The patient's diagnoses included complex regional pain syndrome, depression and anxiety, and chronic pain syndrome. The patient's medications included Flexeril, Nucynta, methadone, and Topamax. The patient's treatment plan included the continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The prospective request for Amrix 15mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for extended durations of time. This type of medication is recommended for short courses of treatment. Additionally, the clinical documentation fails to provide significant symptom response or functional benefit to support continued use of this medication. As such, the requested Amrix 15mg, #60, is not medically necessary or appropriate.

**The prospective request for one (1) H-Wave unit, rental by month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a 30 day clinical trial of an H-wave unit when the patient has failed to respond to all other types of conservative treatments to include a TENS unit. The clinical documentation submitted for review does not provide any evidence that the patient has attempted to use a TENS unit in the management of her chronic pain. Therefore, the use an H-wave unit would not be indicated. As such, the prospective request for one (1) H-Wave unit, rental by month is not medically necessary or appropriate.