

Case Number:	CM13-0049913		
Date Assigned:	12/27/2013	Date of Injury:	02/11/2003
Decision Date:	03/13/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 68-year-old female who reported an injury on 02/11/2003. The patient reportedly injured her right upper extremity while pulling on a machine rope. The patient is currently diagnosed with right shoulder impingement syndrome, bilateral knee internal derangement, lumbar spondylosis, cervical myofascitis, and status post bilateral carpal tunnel release. The patient was seen by [REDACTED] on 09/06/2013. The patient reported persistent lower back pain. Physical examination revealed severe axial facet joint tenderness, positive facet loading maneuver, and intact motor and sensory examinations. Treatment recommendations included bilateral medial branch blocks, an interferential unit with supplies, acupuncture sessions, and continuation of current medications as well as an in office urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown supplies for an interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-121.

Decision rationale: The Chronic Pain Guidelines indicate that interferential stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the documentation submitted, there is no indication that this patient has failed to respond to conservative measures. Despite ongoing use of the interferential unit, the patient continues to report persistent lower back pain. The patient's physical examination continues to reveal severe facet joint tenderness with painful facet loading maneuver, there is no evidence of a successful 1-month trial with documentation of objective functional improvement. There is also no evidence of a treatment plan with the specific short and long-term goals of treatment with the unit. Based on the clinical information received, the request for unknown supplies for an interferential unit is non-certified.

Flexeril 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The Chronic Pain Guidelines indicate that muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Flexeril should not be used for longer than two to three (2 to 3) weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There was no documentation of palpable muscle spasm, muscle tension, or spasticity upon physical examination. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request for Flexeril 10 mg is non-certified.

One (1) in office urine screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use, and Opioids, long-term assessment Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The Chronic Pain Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at

low risk of addiction or aberrant behavior should be tested within six (6) months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was greater than ten (10) years ago to date, and there is no indication of non-compliance or misuse of medication. There is also no evidence that this patient falls under a high-risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. As such, the request for one in office urine screen is non-certified.