

Case Number:	CM13-0066879		
Date Assigned:	01/03/2014	Date of Injury:	10/20/2012
Decision Date:	05/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/17/2013

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 & 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 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:

The patient is a 61year old female who was injured on 10/20/2012 who was transporting a patient on a backboard with 5 other people while working injuring her lower back. Prior treatment history has included the patient trying a TENS unit, conservative therapy with physical therapy and chiropractic treatment. PR-2 dated 12/09/2013 documented the patient to have complaints of lower back pain. She gets numbness and heaviness in her buttocks, which radiates down the legs into the feet which is positional. She states that the amitriptyline made her hallucinate, so she stopped taking it. ██████████ recommended he did not think surgery was advisable, nor did he recommend the surgical consultation for her lumbar spine. Objective findings on exam included anteflexion of the trunk on the pelvis allows for 45 degrees of flexion. Extension is 10 degrees. Rotation to the left is 20 degrees and the right 20 degrees. Lateral flexion to the left is 20 degrees and right 20 degrees. There is paralumbar tenderness from L2 to L5-S1. There is bilateral sacroiliac tenderness. There is no trochanteric tenderness

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, TABLETS #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As per CA MTUS guidelines, Soma (Carisoprodol) is antispasmodic agent to decrease muscle spasm. It is not indicated for long-term use. The records submitted for review indicates that this patient has been taking this medication chronically and has exceeded the guidelines recommendation of 2 to 3 week period. Thus, the medical necessity has not been established and the request is not medically necessary.

H-WAVE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: As per CA MTUS guidelines, H-wave unit 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, this patient continues to have chronic neuropathic pain and has tried and failed conservative care including physical therapy, chiropractic treatment, medications and TENS unit. However, there is no documentation of patients currently participating in functional restoration program as well as one-month trial of H-wave unit with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Thus, the medical necessity for the H-wave purchase is not medically necessary and appropriate.