

<b>Case Number:</b>	CM14-0007877		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	08/09/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Family Medicine and is licensed to practice in Tennessee, California, and Florida. 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 injured worker is a 53-year-old male injured on 08/09/06 due to an undisclosed mechanism of injury. The current diagnoses include shoulder pain. The clinical note dated 01/22/14 indicated the injured worker presented complaining of neck pain increased since previous visit. The injured worker also reports poor quality of sleep and decreased activity level. The documentation indicates the injured worker's physical therapy stopped approximately one week ago as it was causing increased pain to the lower back, shoulder, and headaches. Prior treatments include physical therapy, cervical epidural steroid injection, and medication management. Objective findings include restricted cervical and bilateral shoulder range of motion, positive Hawkins' and Neer's test to the left shoulder, and tenderness noted to the sub-deltoid bursa to the left shoulder. Additional examination findings include 5/5 motor strength in all muscle groups, dysesthesia present over lateral upper arm on the left, and bilateral upper and lower extremity respond was normal reflex examination. The injured worker underwent a C5-6 and C6-7 fusion with C3-4 laminectomy on 07/01/13. The documentation indicates the injured worker utilizes H-wave for approximately 30 minutes and received approximately 15-20 minutes of pain relief following treatments. The injured worker also reports decrease in headaches. The medications include Ambien 10mg, Miralax powder 17 grams, Kadian ER (extended release) 15mg, Percocet 10/325mg, Senokot 8.6/50mg 2-3 tabs, Ibuprofen 600mg, and Neurontin 300mg. The treatment plan includes continuation of physical therapy, H-wave use, and increase of Gabapentin 300mg to 5 pills daily. The initial request for one home H-wave unit was initially non-certified on 01/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) HOME H-WAVE UNIT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) 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). The documentation indicates the injured worker underwent trial with reduction in pain for approximately 15-20 minutes following use which does not indicate substantial reduction in pain. Additionally, there is no indication the injured worker underwent TENS unit trial prior to H-wave use. As such, the request for 1 home H-Wave Unit is not medically necessary.

**ONE (1) PRESCRIPTION OF IBUPROFEN 600MG #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Moreover, this medication is readily available in a over-the-counter formulation if deemed necessary on an as needed (PRN) basis. As such, the request for Ibuprofen 600mg #60 is not medically necessary.

**ONE (1) PRESCRIPTION OF AMBIEN 10MG#30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - ONLINE VERSION, PAIN (CHRONIC), ZOLPIDEM (AMBIEN®).

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG), Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10mg #30 is not medically necessary.