

<b>Case Number:</b>	CM14-0014084		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; unspecified amounts of cognitive behavioral therapy over the life of the claim; muscle relaxants; a functional restoration program; and extensive periods of time off of work. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for a two-month rental of an H-Wave device and also denied prescriptions for 30 tablets of Skelaxin. The applicant's attorney subsequently appealed. In a December 31, 2013 progress note, the applicant was described as reporting persistent complaints of low back pain. The applicant stated that neither the functional restoration program nor earlier provision of a TENS unit have been particularly beneficial. The application was on Lyrica, Ambien, Terocin, and Norco, it was stated. Skelaxin and a trial of an H-Wave device were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENTAL-H-WAVE (IN MONTHS) QTY: 2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), TRANSCUTANEOUS ELECTROTHERAPY, 114-121

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

**Decision rationale:** As noted in the California MTUS Chronic Pain Medical Treatment Guidelines, trial periods of an H-Wave device of greater than one month should be justified based on the documentation submitted for review. In this case, however, the attending provider has not submitted any compelling evidence which would support trial of an H-Wave device for greater than the customary one-month time period suggested in the California MTUS Chronic Pain Medical Treatment Guidelines for applicants who try and fail other appropriate pain modalities, including pain medications, physical therapy, home exercise, and a TENS unit. The request is not medically necessary.

**SKELAXIN 800MG TABLETS QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), MUSCLE RELAXANTS (FOR PAIN), 64-68

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone topic. Page(s): 61.

**Decision rationale:** As noted in the California MTUS Chronic Pain Medical Treatment Guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in applicants with chronic low back pain. In this case, however, the attending provider has indicated that he intends to employ Skelaxin on a nightly use basis, here. This is not indicated. The request is not medically necessary.