

<b>Case Number:</b>	CM14-0127689		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46-year-old female was reportedly injured on August 10, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of right elbow pain and right upper extremity pain. Current medications were stated to include Norco, Cyclobenzaprine, and Neurontin. Pain was rated at 7-9/10 without medications and 6-7/10 with medications. The physical examination demonstrated decreased range of motion of the cervical spine and right upper extremity. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a home exercise. A request had been made for the use of an Inferential Unit, Norco, and Fexmid and was not certified in the pre-authorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERFERENTIAL UNIT WITH SUPPLIES AND CONDUCTIVE GLOVE, ONE (1) MONTH RENTAL; ADDITIONAL THREE (3) MONTHS RENTAL IF EFFECTIVE:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** The California MTUS Guidelines do not support Interferential therapy as an isolated intervention. The guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for an IF Unit one-month trial. As such, this request for an Inferential Unit with Supplies and Conductive Glove for One Month Rental; an Additional Three Month Rental if effective is not medically necessary.

**NORCO 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS Guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**FEXMID (CYCLOBENZAPRINE 7.5MG) ONE PO BID #60:** Upheld

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

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

**Decision rationale:** Fexmid is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Fexmid is not medically necessary.