

<b>Case Number:</b>	CM14-0155424		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/02/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Pain 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 injured worker is a 56-year-old female who reported injury on 05/19/2014. The mechanism of injury was a motor vehicle accident. The diagnoses right shoulder strain, status post arthroscopy on 08/15/2012. The past treatments have included anti-inflammatory medications, physical therapy, and arthroscopic surgery. The surgical history included a right carpal tunnel release in 2011, a left carpal tunnel release in 2011, with 4th and 5th trigger finger release, and right shoulder subacromial decompression/Mumford in 2012. The progress note, dated 09/23/2014, noted the injured worker complained of ongoing, unchanged pain to the neck, low back, and bilateral upper extremities. It was also noted, aquatic therapy was helping with numbness and tingling/stiffness, and she had a consultation with a rheumatologist regarding fibromyalgia, and an internal medicine specialist regarding gastrointestinal complaints. It was noted she had attended 6 of 8 aquatic therapy visits. The physical exam revealed tenderness to palpation over the extensor and flexor tendons, A1 pulley, bilateral thumbs, and fingers. A positive Tinel's and Phalen's sign were found to the hands bilaterally with decreased sensation. There was tenderness to palpation over the bilateral patella and medial joint lines of the knee, with crepitus and negative McMurray's test. The medications included Norco 2.5 mg once a week, Norflex 2 tablets per month, and pain was noted to decrease from an 8/10 to 4/10 with medication use. The treatment plan recommended to continue home exercise program, aquatic therapy, for the lumbar spine, bilateral knees, ankles, and upper extremities, and a requested authorization for a TENS unit. The Request for Authorization form for aquatic therapy was submitted for review on 09/23/2014. The Request for Authorization for Norflex and TENS unit were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for aquatic therapy is not medically necessary. The injured worker had pain to her neck, low back, and bilateral upper extremities. She was noted to have attended 6 of 8 aquatic therapy sessions. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. Physical medicine is intended to restore flexibility, strength, endurance, function, and range of motion. The guidelines recommend 9 to 10 sessions of physical therapy or 8 weeks, and a continuation of active therapy at home as an extension of the treatment process. The injured worker had completed 6 of 8 aquatic therapy sessions. The request for additional sessions may exceed the guideline recommendations. There is no measured functional improvement noted. There is no improvement in pain noted during the course of aquatic therapy. The injured worker's condition after the initial course of aquatic therapy would need to be evaluated to determine the need for further therapy sessions. Given the previous, the request for additional aquatic therapy is not indicated or supported at this time. Therefore, the request is not medically necessary.

**Norflex 100mg QTY: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The request for Norflex 100mg qty: 60 is not medically necessary. The injured worker had pain to her neck, low back, and bilateral upper extremities. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported to be abused for euphoria and to have mood elevating effects. It is unclear how long the injured worker has been using Norflex. There is no indication of the efficacy of the medication. There is no indication of failure of first line treatment. Additionally, the intended frequency of the medication was not provided to determine medical

necessity. Given the previous, the continued use of Norflex is not indicated or supported at this time. Therefore, the request is not medically necessary.

**Home TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** The request for home TENS unit is not medically necessary. The injured worker had pain to her neck, low back, and bilateral upper extremities, with numbness and tingling/stiffness. The California MTUS Guidelines note the use of TENS is not recommended as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive, conservative option, if used as an adjunct to a program of evidence based functional restoration for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. The criteria for use of a TENS unit includes documentation of evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short and long term goals of treatment with the TENS should be submitted. Rental is preferred over purchase during the trial period. There is a lack of documentation supporting the presence of a condition that would indicate the use of a TENS unit. The treatment goals were not documented. The purchase of a TENS unit is not supported without the evidence of pain or functional improvement with the trial use. Given the previous, the use of a TENS unit is not indicated at this time. Therefore, the request is not medically necessary.