

<b>Case Number:</b>	CM14-0171450		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/30/1996
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 5/30/96 date of injury. At the time (7/7/14) of request for authorization for Cyclobenzaprine 7.5mg #60, there is documentation of subjective (back pain with spasms) and objective (restricted lumbar range of motion and decreased motor strength over bilateral hip) findings, current diagnoses (lumbar radiculitis, sciatica, and chronic lumbar discogenic pain), and treatment to date of medications including ongoing treatment with Fentanyl, Norco, Cyclobenzaprine since at least 2/17/14, and Cymbalta. Medical report identifies that medications help the patient to tolerate less than normal activities with 60-80 percent pain relief. There is no documentation of acute exacerbation of chronic low back pain; the intention for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and Other Medical Treatment Guidelines or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, sciatica, and chronic lumbar discogenic pain. In addition, there is documentation of ongoing treatment with Cyclobenzaprine; and Cyclobenzaprine used as a second line option. However, despite documentation of muscle spasm and a given documentation of a 5/30/96 date of injury, there is no (clear) documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 2/17/14, there is no documentation of the intention for short-term (less than two weeks) treatment. Furthermore, despite documentation that medications help the patient to tolerate less than normal activities with 60-80 percent pain relief, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

**H-wave trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of lumbosacral strain, lumbar radiculitis, sciatica, and chronic lumbar discogenic pain. In addition, there is documentation of failure of physical therapy and medications, plus transcutaneous electrical

nerve stimulation (TENS). However, there is no documentation of chronic soft tissue inflammation, a one-month home-based trial of H-Wave stimulation, and H-Wave stimulation used as an adjunct to a program of evidence-based functional restoration. Therefore, based on guidelines and a review of the evidence, the request for H-wave trial is not medically necessary.