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| Case Number: | CM14-0025688 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 09/21/2012 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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, has a subspecialty in 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 patient is a 42-year-old male who was injured on 09/21/2012 when he was struck in the back of the head and neck by a minor inmate. He explained that he was knocked to the ground and lost consciousness for 15 seconds. Prior treatment history has included Rocephin injection, acupuncture therapies, physical therapy and medications such as Dendracin topical pain lotion, Temazepam, cyclobenzaprine and hydrocodone. PR2 dated 04/11/2014 indicated the patient had complaints of frequent low back pain radiating to the left lower extremity. He reported on and off flaring. Objective findings on exam revealed he is tender to palpation over the lumbar spine. He had positive straight leg raise with paresthesias into the left calf. He had decrease left lower extremity sensation. The remainder of the note is illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM4/INTERFERENTIAL STIMULATOR EOC1 WITH SUPPLIES; ONE (1) MONTH RENTAL; ADDITIONAL THREE (3) MONTH RENTAL IF EFFECTIVE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 67-68.

Decision rationale: The CA MTUS states the interferential stimulation (ICS) is recommended when the patient has the following conditions and if it is proven effective when directed or applied by the provider: ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The records provided do not document proven effectiveness with the applied application by the provider nor is there documentation that the patient is post op with significant pain limiting the ability of exercise, diminished effectiveness of medication or history of substance abuse. Based on the provided medical records and guidelines cited, the request is not medically necessary.

RELAFEN 500MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

Decision rationale: The CA MTUS recommends NSAIDs for chronic low back pain as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The patient is documented as taking NSAIDs from close to the beginning of treatment for the injury without significant changes. As the recommendation is for short-term relief and there is a lack of documentation that prior NSAIDs have subjectively or objectively benefited the patient, the request is not medically necessary according to the cited guides.

FEXMID 7.5MG #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, 64..

Decision rationale: CA MTUS guidelines recommend muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence.

Cyclobenzaprine specifically states it is only recommended for a short course of therapy with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. Recent medical records do not document the patient to have muscle rigidity or spasms requiring a muscle relaxant. Further, the clinic notes document the patient to have been prescribed the medication for longer than the guidelines recommendation of a "short treatment". Based on the guidelines and the medical documentation, the request is not medically necessary.