

Case Number:	CM14-0044435		
Date Assigned:	07/02/2014	Date of Injury:	02/05/2008
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant is a 52-year-old woman with a slip-and-fall injury at work on 2/5/2008. She has a diagnosis of low back pain with lumbar radiculopathy. She has been treated with physical therapy, chiropractic therapy, and oral medications including narcotic pain medication, Gabapentin, and muscle relaxers. She has tried TENS units, which did not provide relief, and is now using an H-wave unit for better pain control. The request is for an H-wave unit and for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-Wave unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS does not consider H-wave therapy a first line treatment modality. A one-month trial of therapy with a rental unit may be used as a non-invasive, conservative option for chronic pain of at least 3 months' duration in which other modalities, including physical therapy, medication, and a TENS unit, have failed. A clear plan of long- and

short-term treatment goals is required for such a trial. In this case, the claimant has well-documented chronic pain and has failed physical therapy, chiropractic therapy and a TENS unit trial. She has had a trial of H-wave therapy with documented improvement in function with its use. A plan for continued use to improve daily function and pain control is documented. An H-wave unit is medically necessary in this case.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second-line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time, and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation of pain, and the request is for ongoing regular daily use of Flexeril. This is not medically necessary.