

<b>Case Number:</b>	CM14-0047641		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 American Board of Orthopaedic Surgery and is licensed to practice in Mississippi. 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 63-year-old male who was reportedly injured on 10/2/2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 1/6/2014, indicated that there were ongoing complaints of neck pain that radiated in the bilateral upper extremities, and right knee pain. The physical examination demonstrated cervical spine restricted motion and positive Spurling's test bilaterally. Upper extremity had weakness in the bilateral triceps and wrist flexors at 4/5. Sensory exam revealed dull and diminished findings over the bilateral C7-C8 dermatomes. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request was made for sleep study, interferential unit, flurbiprofen 10% transdermal compound and cyclobenzaprine 10% transdermal compound and was not certified in the pre-authorization process on 3/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic). Sleep studies (Polysomnography), updated 7/10/2014.

**Decision rationale:** A sleep study is recommended for the combination of indications listed- Excessive daytime somnolence, cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), morning headache, intellectual deterioration (sudden, without suspicion of organic dementia), personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic limb movement disorder is suspected, insomnia complaint for at least six months (at least 4 nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. After reviewing the medical records provided, there was no objective or subjective physical exam or history of present illness findings in the medical documentation provided. Therefore, request for Sleep Study is deemed not medically necessary.

**interferential unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 118-120 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines do not support interferential (IF) 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 failed to document any of the criteria required for an IF unit one-month trial. As such, request for Interferential Unit is not medically necessary.

**Flurbiprofen 10% transdermal compound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-112 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support topical non-steroidal anti-inflammatory drugs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provided no documentation that the claimant has or is taking an oral anti-inflammatory. When noting the claimant's diagnosis of cervical radiculopathy and no

documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, request for Flurbiprofen 10% Transdermal Compound is not medically necessary.

**cyclobenzaprine 10% transdermal compound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 41, 64 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request for Cyclobenzaprine 10% Transdermal Compound is not medically necessary.