

<b>Case Number:</b>	CM15-0008959		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old female with an industrial injury dated 07/23/2004. Her diagnoses include lumbar strain/sprain, insomnia, gastric upset, left knee strain, and right shoulder strain with impingement. Diagnostic testing has included a CT scan of the lumbar spine (10/10/2012) showing degenerative disc disease, an unchanged central disc osteophyte complex, and unchanged end plate spurs. She has been treated with opioid medications long term. In a progress note dated 11/21/2014, the treating physician reports increase/worsening low back pain over the previous few weeks despite treatment with Norco and that previously the Norco was only somewhat helping with pain. The injured worker noted that the low back pain was radiating into the left leg and toes and was constant. Other complaints reported included moderate headaches once or twice per week, gastrointestinal upset, left knee pain, right shoulder pain radiating to the right upper extremity and improvement in sleep. The objective examination revealed a slight limp in gait due to low back pain and left knee pain, decreased sensation in the right foot and right hand, slight to moderate paralumbar tenderness to palpation, decreased range of motion in the lumbar spine, positive straight leg raise on the left, moderate tenderness and muscle spasm over the upper shoulder region, and positive impingement test in the right shoulder with decreased range of motion. The treating physician is requesting a muscle stimulator interferential unit, Norco, and Soma. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RS4i muscle stimulator interferential unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. In this case, there was no documentation of a failure of first line conservative treatment prior to the request for an interferential stimulator unit. The guidelines also recommend a 1 month trial prior to a unit purchase. Given the above, the request is not medically appropriate.

**1 prescription of Norco 10/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication since 04/2014 without any evidence of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

**1 prescription of Soma 350mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Soma should

not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication since at least 04/2014. There was no documentation of objective functional improvement. Given the above, the request is not medically appropriate.