

Case Number:	CM15-0134415		
Date Assigned:	07/14/2015	Date of Injury:	01/15/2015
Decision Date:	08/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28-year-old female, with a reported date of injury of 01/15/2015. The mechanism of injury was a slip on a large puddle of water and fall onto her low back and right side and hit her right hip and forearm. The injured worker's symptoms at the time of the injury included immediate shooting "electric" pains and difficulty getting up. The diagnoses include lumbar sprain/strain, right lumbar radiculopathy, lumbar degenerative disc disease, sciatica, and sacroiliitis. Treatments and evaluation to date have included oral medications and physical therapy, with slightly beneficial results. The diagnostic studies to date have included an MRI of the lumbar spine which showed a 4mm disc protrusion at the L5-S1 level and a 3mm disc protrusion at L4-5; CT scan of the lumbar spine which showed bulging discs in the L5-L6 and signs of arthritis; and urine drug screening. The doctor's first report dated 04/09/2015 indicates that severity of the injured worker's low back pain was rated 8 out of 10. Flexeril was noted as a past medication that caused sleepiness. The intensity of her pain before taking medications was rated 10 out 10, and the intensity of her pain after taking the medications was rated 3-4 out of 10. The objective findings include use of cane with ambulation, a marked limp, decreased stance on the right, difficulty raising up on her heels and toes on the right side, normal lumbar lordosis, diffuse tenderness to palpation in the lumbopelvic region right greater than left and into the right gluteal region, decreased range of motion of the lumbar spine, positive right straight leg raise test, and decreased sensation on the right lateral calf and top of the foot. It was noted that the injured worker took Flexeril and Percocet occasionally, which could be continued. A medication agreement was reviewed and signed by the injured worker. The treatment plan also included the

continuation of Flexeril 5mg as needed for muscle spasm and severe pain. The injured worker's work status was temporary total disability, and she was to remain off work until 05/09/2015. The progress report dated 05/11/2015 indicates that the injured worker complained of low back pain with radiation to the right lower extremity, with numbness. The severity of her pain was rated 7 out of 10. The pain was made worse with prolonged standing, sitting, and bending. The pain assessment was not documented. The objective findings included stiffness, numbness, muscle weakness, ambulation with a single point cane, an antalgic gait, decreased and painful lumbar range of motion, tenderness to palpation diffusely, and positive right straight leg raise test. The injured worker's current medication list included Percocet, Flexeril, and Neurontin. The urine drug test dated 04/14/2015 was negative for all substances. The injured worker's work status was documented as TPD (temporary partial disability), and it was noted that she would return to modified work on 05/11/2015 with restrictions for 45 days. She was advised to follow-up in 4-6 weeks. The treating physician requested an IF (interferential) unit with garments and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (interferential) unit med S4 with garments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that interferential current stimulation is "not recommended as an isolated intervention." The guidelines also indicate that "there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medication, and limited evidence of improvement on those recommended treatments alone." Interferential current stimulation is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: pain is 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. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There was no evidence of the patient selection criteria in the medical records, to justify the need for an interferential unit. The treating physician indicated that the injured worker had marked guarding and pain complaints consistent with a chronic pain syndrome, and she would benefit from alternative pain control methods such as an electrical stimulator. The request does not meet guideline recommendation. Therefore, the request for an IF (interferential) unit is not medically necessary.

Flexeril (Duration and quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The guidelines indicate that "treatment should be brief." The guidelines recommend cyclobenzaprine for a short course of therapy. The injured worker has been taking Flexeril since at least 02/02/2015. This medication is not recommended to be used for longer than 2-3 weeks. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore, the request for Flexeril is not medically necessary.