

Case Number:	CM15-0144670		
Date Assigned:	08/05/2015	Date of Injury:	02/06/2013
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 2-6-2013. She reported back pain due to falling and twisting. Diagnoses have included thoracic spine sprain-strain and lumbar spine sprain-strain. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5-26-2015, the injured worker complained of intermittent throbbing in her mid-back while working, with prolonged sitting and typing. Exam of the lumbar spine revealed tenderness to palpation with muscle guarding. Exam of the thoracic spine revealed tenderness to palpation with muscle guarding and spasm. The review of systems revealed heartburn, joint pain, muscle spasms, stress and headaches. Authorization was requested for an interferential home unit, a Thermophore heat pad and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in February 2013 and is being treated for mid back pain. When seen, she was having intermittent mid back pain with sitting. There was no low back pain and there were no radicular symptoms. Physical examination findings included decreased lumbar and thoracic spine range of motion with guarding, tenderness, and paravertebral hypertonicity. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, there is no documented trial of interferential stimulation and purchase of a home interferential unit is not medically necessary.

Thermophore heat pad: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Heat therapy and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Chronic Pain, p168.

Decision rationale: The claimant sustained a work-related injury in February 2013 and is being treated for mid back pain. When seen, she was having intermittent mid back pain with sitting. There was no low back pain and there were no radicular symptoms. Physical examination findings included decreased lumbar and thoracic spine range of motion with guarding, tenderness, and paravertebral hypertonicity. Heat therapy is recommended as an option. The use of modalities such as heat and ice are low cost as at-home applications, has few side effects, and are noninvasive. Self-application of low-tech heat therapy is recommended for treatment of chronic LBP, CRPS, or other chronic pain syndromes. A number of studies show continuous low-level heat wrap therapy to be effective for treating back pain. The request can be considered as being medically necessary.

Fexmid 7.5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in February 2013 and is being treated for mid back pain. When seen, she was having intermittent mid back pain with sitting. There was no low back pain and there were no radicular symptoms. Physical examination

findings included decreased lumbar and thoracic spine range of motion with guarding, tenderness, and paravertebral hypertonicity. Fexmid (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and the quantity prescribed is for more than three weeks. The requested Fexmid was not medically necessary.