

Case Number:	CM15-0188762		
Date Assigned:	10/27/2015	Date of Injury:	04/15/1991
Decision Date:	12/08/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 4-15-1991. The injured worker was being treated for status post cervical fusion revision, chronic low back pain with radiculopathy, and degenerative disc disease of the cervical and lumbar spines. The injured worker (3-19-2015, 5-13-2015, and 7-14-2015) reported ongoing neck and low back pain with muscle spasms. He reported (3-19-2015 and 7-14-2015) Robaxin helps his muscle spasms. The treating physician (7-14-2015) noted the injured worker is unable to use non-steroidal steroid drugs due to stomach ulcers. The medical records (3-19-2015, 5-13-2015, and 7-14-2015) show the subjective pain ratings of 8 out of 10 that decreases to 4 out of 10 with medications. He reported that his interferential unit use helps. The physical exam (3-19-2015, 5-13-2015, and 7-14-2015) revealed spasm of the cervical spine, decreased cervical extension-rotation and flexion-extension with pain, bilateral upper extremity motor weakness of 4 out of 5, bilateral cervical 5-7 radiculopathy, and tenderness to palpation over the cervicotracheal ridge. The treating physician noted spasm of the lumbar spine, painful and limited lumbar extension-rotation and flexion-extension, motor weakness of 4 out of 5 bilaterally, pain at bilateral lumbar 4-5 and lumbar 5-sacral 1, tenderness to palpation over the lumbar paraspinal muscles, and decreased sensation in the lateral left foot. The esophagogastroduodenoscopy (dated 8-6-2014) stated there were ulcerated nodules in the antrum that were biopsied. The treating physician recommended the injured worker avoids all non-steroidal steroid drugs. Treatment has included an interferential unit, a home exercise program, and medications including oral pain, topical pain, and muscle relaxant (Robaxin since at least 3-2015). Per the treating physician (7-14-2015 report), the injured worker is retired. The requested treatments included Robaxin

750mg and unknown Interferential (IF) unit replacement electrodes. On 9-16-2015, the original utilization review non-certified requests for Robaxin 750mg and unknown Interferential (IF) unit replacement electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having taken muscle relaxants regularly at least for many months leading up to this request, including more recently Robaxin. The worker reported some benefit from use of this medication, however, regardless, this medication is not appropriate to use in non-acute settings, and there was no evidence of this request being for an acute flare-up. Therefore, Robaxin is not medically necessary. Weaning may be indicated.

Unknown Interferential (IF) unit replacement electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be

appropriate if one of these criteria is met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, ICS unit was used with home exercises leading up to this request with a reported helpful effect. However, no more details were provided in the notes provided as to how effective the unit was at measurably reducing pain and improving overall function, independent of exercises and medications, which is required to justify continued use of the unit. Therefore, this request for replacement electrodes is not medically necessary until this information showing measurable benefit is included in the notes for review.