

Case Number:	CM14-0129003		
Date Assigned:	09/22/2014	Date of Injury:	09/11/2012
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 50 y/o female who developed chronic spinal pain and a post concussive syndrome secondary to an injury dated 9/11/12. She has been treated with lumbar epidural injections, physical therapy, acupuncture and trigger point injections. Oral analgesics have consisted to Norco 7.5mg BID, Anaprox, Fexmid and Neurontin. She is periodical prescribe interferential unit supplies, but there is no documentation of specific use patterns or benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID TABLETS 7.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: MTUS Guidelines do not recommend the chronic use of Fexmid (Cyclobenzaprine). Episodic short term use for flare-ups is supported, but in this case, it has been recommended on a long term basis for several months. There are no unusual circumstances to justify an exception to Guidelines. The Fexmid 7.5 mg is not medically necessary.

Interferential supplies for 3 months (electrode pads) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy- Interferential Therapy Page(s): 120.

Decision rationale: MTUS Guidelines do not support the use of Inferential Therapy unless there are clear benefits in pain, function and the use results in less dependence upon medications. None of these standards are documented to have been met. Guidelines do not support its ongoing use under these circumstances. The Inferential Unit electrodes are not medically necessary.