MAXIMUS Federal Services

Case Number:	CM14-0090747		
Date Assigned:	07/23/2014	Date of Injury:	09/28/2013
Decision Date:	06/12/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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. 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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 (IW) is a 40-year-old female who sustained an industrial injury on 09/28/2013. Diagnoses include unspecified disorders of the bursae and tendons in the shoulder region and cervical spondylosis with myelopathy. MRI of the left shoulder on 10/31/13 showed moderate joint effusion and probable chondral loose body in the subcoracoid recess. Electrodiagnostic testing of the upper extremities were essentially normal. Left shoulder arthroscopic surgery was performed on 1/17/14. Treatments to date included NSAIDs, pain medications, TENS, chiropractic care and physical therapy. According to the progress notes dated 5/6/14, the IW reported pain in the paracervical region and upper arm. There was tenderness to palpation of the left shoulder, the paracervical and trapezius muscles and the left medial epicondyle. A request was made for one H-wave device for pain and inflammation and one prescription of Robaxin 500mg, #30 with 2 refills for muscle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical stimulators, H-Wave stimulation Page(s): 45, 51, 117.

Decision rationale: According to the MTUS guidelines, H-wave stimulation is not recommended. A one-month trial may be considered in cases of diabetic neuropathic pain or chronic soft tissue inflammation once there is evidence of failure of initial conservative therapy. According to the medical documentation, this patient seems to be having some improvement with physical therapy. In addition, there is no clear documentation of chronic soft-tissue injury or neuropathic pain unresponsive to conventional therapy. MTUS also reports no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesia. Therefore, the request is not medically necessary.

Robaxin 500mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Antispasmodics, Muscle relaxants, Methocarbamol Page(s): 41-42, 48, 64-65.

Decision rationale: Robaxin or Methocarbamol is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines, it is not recommended for chronic use to treat muscle spasm and this class of drugs should not be the primary drug class of choice to treat musculoskeletal conditions. Although the mechanism of action for treatment of muscle spasm is unknown, a brief course of treatment is recommended for no more than 2 or 3 weeks. According to MTUS Guidelines, starting prescription medication for chronic pain should occur after a determination is made regarding the reason for using a particular medication, potential benefits/adverse effects and patient preferences. As a central nervous system depressant, the side effects of Methocarbamol include drowsiness and urinary retention and headaches. There is no documented evidence delineating the reason or reasons Methocarbamol is being prescribed nor documentation of discussion of side effects or patient preferences. Therefore, the request is not medically necessary.