

<b>Case Number:</b>	CM15-0126368		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 30 year old female, who sustained an industrial injury on 3/16/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder impingement and low back pain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 6/9/2015, the injured worker complains of right shoulder and low back pain, rated 6/10, radiating to the neck, right arm and right buttock. The treating physician is requesting 6 sessions of acupuncture for the right shoulder, Flexeril 10 mg, #100, Zofran 8 mg #75 and an H wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right shoulder, QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As per MTUS Acupuncture guidelines, acupuncture may be considered for pain. Patient has documented prior acupuncture in the past with "good response". Total number of sessions and response is not documented. Guidelines recommend that any additional sessions require documentation of objective improvement and pain. Without that documentation, any additional acupuncture is not medically necessary.

**Flexeril 10mg, QTY: 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically with no documentation of objective improvement in pain or function. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.

**Zofran 8mg #75:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guide (ODG), anti emetics should only be used for short term nausea associated with opioids. Long-term use is not recommended. Documentation notes subjective complaints of nausea but patient has been on zofran for at least months. If patient has continued nausea from oral opioids, that should be weaned or switched. Chronic use of zofran is not recommended. Ondansetron is not medically necessary.

**H-Wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** As per MTUS Chronic pain guidelines H-Wave stimulation (HWT) is not recommended as an isolated therapy. It may be recommended in cases of diabetic neuropathy and chronic soft tissue inflammation with a successful 1 month trial if used as part of an evidence based functional restoration program. Several criteria needs to be met before HWT may be recommended. 1) Failure of conservative therapy. Fails criteria. Patient has documented plans for continued conservative treatment. 2) Failure of TENS therapy. Fails criteria. Provider has not provided any documentation of TENS failure. 3) Needs to be used as part of a functional restoration program, should not be used as an isolated treatment. Fails criteria. There is no documentation of an actual functional restoration program or what the end goal of HWT is suppose to be. 4) Successful trial of HWT for 1month: Fails criteria. H-wave unit is not medically necessary.