

<b>Case Number:</b>	CM13-0037103		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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: Preventive Medicine, Occupational 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 68 year old female, who sustained an industrial injury on 5-23-2006. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having transitional lumbar anatomy, lumbar 5 spinal stenosis and bilateral knee internal derangement. A recent progress report dated 8-29-2013, reported the injured worker complained of low back pain, intermittent bilateral knee pain. Physical examination revealed mid, right paralumbar tenderness, and decreased lumbar range of motion. An undated lumbar magnetic resonance imaging showed severe bilateral degenerative facet hypertrophy and arthritis. Treatment to date has included left knee arthroscopy in 2006, physical therapy and medication management. The physician is requesting Parafon Forte three times a day, Ambien for sleep disorder, home interferential unit and 12 pool therapy visits. On 10-11-2013, the Utilization Review modified 12 sessions of aqua therapy to 6 sessions stating a short course of therapy is appropriate to address new symptoms. The Interferential unit was non-certified due to lack of objective functional improvement documentation. Parafon Forte was modified to 250 mg, three times a day-a two-week supply, citing MTUS guidelines and Ambien was modified to 5 mg- a one-month supply to allow for proper rest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of Pool therapy 2 times per week for 6 weeks: 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): Manual therapy & manipulation.

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. The first reviewer modified the request from 12 sessions to 6 sessions. Twelve (12) sessions of Pool therapy 2 times per week for 6 weeks is not medically necessary.

**Parafon Forte (unspecified strength & quantity): 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 states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Parafon Forte (unspecified strength & quantity) is not medically necessary.

**Ambien (unspecified strength & quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary, (last updated 06/07/2013), Zolpidem (Ambien) and Mosby's Drug Consult.

**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), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever,

recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Ambien (unspecified strength & quantity) is not medically necessary.

**Interferential unit:** 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:** According to the MTUS, an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential unit is not medically necessary.