MAXIMUS Federal Services

Case Number:	CM13-0020978		
Date Assigned:	10/11/2013	Date of Injury:	05/12/2006
Decision Date:	01/13/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in pulmonary disease, 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 physician 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.

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 patient is a 59-year-old who reported an injury on 05/12/2006. The patient's symptoms include right knee pain. Objective findings included decreased range of motion of the right knee, pain with range of motion of the right knee, palpable effusion, valgus strain in the right knee, and ACL (anterior curciate ligament) and PCL (posterior cruciate ligament) appearing to be intact. It was also noted that the patient rated her pain as an 8/10 and reported that she could not stand or walk for greater than 5 minutes because of pain in the right knee. Her diagnoses include a torn lateral meniscus of the right knee and early arthritic changes in the medial compartment and patellofemoral joint with patellofemoral joint arthritis. It was noted that the patient needed medications because of her symptoms as they affected her ability to sleep, and she was having symptoms of depression. It was noted that her diclofenac would be refilled, and she was taking tramadol for greater levels of discomfort. It was also stated that she obviously has a lot of pain at night, which affects her sleep; and the medications do help her to provide self care for herself and give her the ability to sleep somewhat, and that is an activity of daily living that is necessary for her at this point. It was recommended that the patient be referred to a psychologist for some counseling, and a recommendation was made for an X-Force stimulator 30 day trial for the patient to wear for a minimum of 7 hours using the nighttime function or to use the device 3 to 4 times a day in 30 minute intervals. It was noted that the X-Force stimulator is a joint stimulation device that uses electrical impulses in the form of TENS (Transcutaneous Electrical Nerve Stimulation) and TEJS to combat arthritis, pain, and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 90-day trial of the X-Force stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Units Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy: Interferential Current Stimulation (ICS) Page(s): s 114, 118.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention. It was noted that there was no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications; and there is limited evidence of improvement on those treatments alone. The guidelines further specify that this treatment would possibly be appropriate for pain that is ineffectively controlled due to diminished effectiveness of medications, ineffectively controlled pain with medications due to side effects or a history of substance abuse or significant pain from postoperative conditions which limit the ability to perform exercise programs and physical therapy treatment or otherwise unresponsive to conservative measures. As the request for the X-Force stimulator failed to show detailed documentation as required by the Chronic Pain Medical Treatment Guidelines for transcutaneous electrical therapy, its use is not supported at this time. The request for one 90-day trial of the X-Force stimulator is not medically necessary or appropriate.

One prescription of Pantoprazole 20mg, 90 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI (gastrointestinal) symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, for patients at risk for gastrointestinal events, which includes patients on a high dose of NSAID medications, a proton pump inhibitor, such as omeprazole, is recommended. The chart notes indicate that the patient has a history of gastrointestinal problems with some reflux symptoms and upset stomach, which were noted to be related to her medication intake. The patient is currently being prescribed diclofenac 100 mg. The request for one prescription of Pantoprazole 20mg, 90 count, is medically necessary and appropriate.

One prescription for Diclofenac Sodium 100mg, 60 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain from arthritis. The guidelines also state that NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. However, it states that naproxen is the safest drug in terms of cardiovascular risk. According to the chart notes, the patient was previously taking naproxen; however, she felt that her symptoms were not being controlled with that medication. Therefore, she was switched to diclofenac. As the patient has been shown to have arthritis in her knee, the use of an NSAID is supported by the guidelines. The request for one prescription for Diclofenac Sodium 100mg, 60 count, is medically necessary and appropriate.