

<b>Case Number:</b>	CM13-0026263		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/08/2002
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 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. 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:

The patient is a 52-year old male with a doi on 4/8/02 with a sudden onset of right low back and inguinal pain while bending and lifting. The patient was treated with chiropractic, physical therapy, epidural block, meds, IDET procedure and TENS. The primary treating physician note on 8/21/13 reveals persistent low back pain and patient is stable on meds. Examination lacks objective findings. Patient's diagnosis is sciatica, chronic pain and disorder sacrum. His current meds consist of Capsaicin 0.075% cream, Pantopazole-protonix 20mg, Tramadol/apap 37.5/325mg, Synovacin-glucosamine sulf 500mg and diabetes meds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A trial of an H-wave unit:** Overturned

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

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

**Decision rationale:** This treatment is medically necessary. CA MTUS page 117 of the chronic pain guidelines suggest that H-wave trials meet certain criteria for intervention. The guidelines state that H-wave devices may be indicated in cases of chronic soft tissue inflammation if used as

an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is an appeal letter dated 9/18/13 along with other medical records that indicates the patient has tried and failed physical therapy and chiropractic therapy plus exercise. The patient has also tried TENS. As the patient has attempted treatment recommended by the guidelines, he has met the criteria for a trial of H-wave. Therefore it is appropriate for a rental of one H-wave unit for a 30-day trial.

**Pantoprazole 20mg #60:** Upheld

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

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

**Decision rationale:** This treatment is NOT medically necessary. CA MTUS recommends the use of proton pump inhibitor (PPI) with NSAID use on page 68. The guidelines give specific criteria for gastrointestinal events. Risk factors for gastrointestinal events include: (1) an age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. The patient and the situation do not meet criteria for use of PPI. The documentation do not show that the patient is currently taking NSAIDs. Therefore as the patient does not meet criteria for PPI, according to the guidelines, it is not medically necessary.