

Case Number:	CM14-0005111		
Date Assigned:	02/05/2014	Date of Injury:	12/23/2010
Decision Date:	08/04/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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:

This is a 57-year-old female with a 12/26/10 date of injury. She worked as a Deposit Support Specialist and injured her upper extremity due to repetitive motions. On 12/16/13, the patient was noted to have significant improvement in her symptoms after wrist injections to her left wrist. Objective: tenderness to the right arm over the lateral epicondyle and 1st dorsal compartment tendons with some discomfort over the carpal tunnel. Diagnostic Impression: bilateral carpal tunnel syndrome, bilateral forearm tendinitis and lateral epicondylitis. Treatment to date: injection to left wrist, medication management, activity modification, wrist splints. A UR decision dated 12/18/13 denied the request for oral Voltaren based on the fact that it is supported for moderate to severe pain for the shortest period possible. There are no VAS scores documented for the patient, and no evidence of functional benefit or adequate analgesia. In regards to Protonix, there are no current GI symptoms documented or treatment for GI symptoms for dietary modification, nor are there any risk factors for GI bleeds. In regards to opiates, there is no documentation of a measurable analgesic effect or functional benefits. There are no urine drug screens noted. Regarding the muscle stimulator, guidelines support neuromuscular stimulation post-stroke for rehab and post-operatively for knee surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg daily #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAID Section.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, there is no description of functional improvement gained from the use of Voltaren. Guidelines do not support the long-term use of NSAIDs unless there is a description of analgesia gained from the use of the medication. Therefore, the request for Voltaren 100 mg daily #30 was not medically necessary.

Art muscle stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

Decision rationale: MTUS states that Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. Regarding neuromuscular stimulation, ODG states that neuromuscular electrical stimulation (NMES devices) is under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal-cord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. However, there is no rationale provided as to why the patient needs a

muscle stimulator. There is no description of failure with a TENS unit. Guidelines indicate that NMES is supported for spinal cord injury or stroke patients, and also used to stimulate quadriceps muscles following knee surgeries. Therefore, the request for ART Muscle Stimulator Unit was not medically necessary.

Protonix twice daily #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI Sectio and Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole-Protonix).

Decision rationale: CA MTUS does not specifically address Pantoprazole (Protonix). ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. However, there is no description of GERD or gastritis in this patient. In addition, there is no documentation of trial of Omeprazole or Lansoprazole. Therefore, the request for Protonix Twice Daily #60 was not medically necessary.

Ultram er 150mg daily, may increase to two daily as needed #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or gains in activities of daily living from the use of Ultram. There are no VAS pain scores documented or evidence of analgesia noted. There is no documentation of urine drug screens, CURES monitoring, or an opiate pain contract. Guidelines require clear and concise documentation for ongoing management. Therefore, the request Ultram ER 150 mg daily, may increase to two daily as needed #30 was not medically necessary.