

<b>Case Number:</b>	CM14-0110289		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of August 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; earlier carpal tunnel release surgery; a wrist brace; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for a TENS unit, approved a request for Prilosec, and modified/partially approved a request for Naprosyn. The applicant's attorney subsequently appealed. In a June 6, 2014 progress note, the applicant reported ongoing complaints of right wrist pain, 2/10, with associated weakness in terms of grip strength. The attending provider posited that the applicant had previously tried a TENS unit in physical therapy and felt that it was beneficial. The applicant was described as having issues with residual wrist and thumb tendinitis, de Quervain tenosynovitis, and carpal tunnel syndrome status post earlier carpal tunnel release surgery. A TENS unit 30-day rental was endorsed, along with Naprosyn and Prilosec. It was stated that Prilosec should be employed to combat issues with GI irritation associated with NSAID usage. It was suggested that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit, 30 day trial for the right wrist and hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a 30-day trial rental of a TENS unit is indicated in applicants with chronic intractable pain of greater than three months' duration in whom other appropriate pain modalities, including pain medications, had been tried and/or failed. In this case, the attending provider has posited that the applicant has tried and failed a variety of treatments, including time, medications, physical therapy, earlier carpal tunnel release surgery, wrist bracing, manipulative therapy, etc. The applicant is still symptomatic insofar as the injured hand and wrist are concerned. A 30-day trial of the TENS unit is therefore indicated. Accordingly, the request is medically necessary.

**Naproxen 550mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, an option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant has apparently continued to report issues with Naprosyn-induced dyspepsia, despite introduction of Prilosec, a proton pump inhibitor. It would appear that cessation of the offending NSAID, Naprosyn, is, thus, a more appropriate option than continuation of the same in the context present here. Therefore, the request is not medically necessary.