

<b>Case Number:</b>	CM14-0031749		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 58-year-old female who reported an injury on 08/19/2010. The diagnosis is osteoarthritis not specified whether primary or secondary hand. The mechanism of injury was not provided. The documentation of 05/16/2014 was the only note provided. The documentation indicated the injured worker was utilizing Xanax 0.5 mg 1 to 2 per day that was helping. The recommendation was for an H-wave unit. The diagnoses included chronic pain due to specific and CT, chronic pain syndrome, anxiety, insomnia and depression, gastritis, osteoarthritis of carpal metacarpal right thumb, chronic myofascial pain of the cervical and thoracic spine, sleep disorder, nausea and vomiting and status post left arm fracture. The treatment plan included continue with conservative care including increasing the Effexor to 75 mg from 37.5, continue with Xanax 1 to 2 per day for assistance with insomnia, continue with Zofran once a day for nausea, acupuncture trial of 6 visits, psychological evaluation, bilateral knee braces and a 30 day trial of H-wave treatment at home. It was indicated the injured worker continued to complain of pain and was experiencing soft chronic tissue inflammation and had already trialed other forms of conservative treatment including physical therapy, medications and a TENS unit. There was no DWC Form, Request for Authorization or PR2 submitted for bilateral wrist braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral wrist braces:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 264.

**Decision rationale:** The ACOEM Guidelines indicate that the initial treatment of carpal tunnel syndrome should include night splints and day splints could be considered for patient comfort as needed to reduce pain along with work modifications. There is a lack of documented rationale to support the necessity for bilateral wrist braces. There were no objective physical findings related to the bilateral wrists. There was no DWC Form, Request for Authorization or PR2 submitted for review. Given the above, the request for bilateral wrist braces is not medically necessary.

**H-Wave muscle stimulator for a 30 day trial:** Upheld

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

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

**Decision rationale:** California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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). The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the H-wave unit as an adjunct to a program of evidence-based restoration. Given the above, the request for H-wave muscle stimulator for a 30 day trial is not medically necessary.

**Zofran:** 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, Ondansetron.

**Decision rationale:** The Official Disability Guidelines indicate that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review failed to provide the duration of use. The documentation indicated the injured worker was utilizing the medication for nausea. There was a lack of documented efficacy. The request, as submitted, failed to indicate the frequency, quantity and strength for the requested medication. Given the above, the request for Zofran is not medically necessary.

**Omeprazole:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide a DWC Form, Request for Authorization or PR2 requesting the submitted medication. The duration of use could not be established through supplied documentation. There was no documentation of efficacy. The request, as submitted, failed to indicate the frequency, quantity and strength. Given the above, the request for omeprazole is not medically necessary.