

Case Number:	CM14-0189779		
Date Assigned:	11/20/2014	Date of Injury:	06/20/1995
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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:

In an October 29, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and wrist pain. The applicant apparently had a recent endoscopy which demonstrated issues with erosive esophagitis. The applicant stated that ongoing usage of Norco was ameliorating his ability to do yard work, work on his cars, and perform activities of self-care. The injured worker had 10/10 pain with medications versus 3-4/10 pain without medications which was appreciated. The applicant stated that an H-Wave device had been proven beneficial for him in the past, had broken, and stated that he therefore wished to obtain a replacement device. The applicant acknowledged that he was not working and was receiving disability benefits. The applicant had chronic neck and shoulder pain complaints status post earlier neck and shoulder surgery. Norco, Protonix, the H-Wave device, and permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Overturned

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the erosive esophagitis reportedly present here, per the October 29, 2014 office visit at issue. Therefore, the request was medically necessary.

1 H-Wave Unit: 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) H-Wave stimulation (HWT)

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

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device and/or provision of associated supplies beyond an initial one-month trial period should be predicated on evidence of favorable outcome during said one-month trial, in terms of "pain relief and function." In this case, however, earlier provision of the H-Wave device failed to generate any material improvements in function. The applicant remained off of work. The applicant was, per the October 29, 2014 office visit in question, receiving both Workers' Compensation indemnity benefits and disability insurance benefits. The applicant remained dependent on opioid agents such as Norco, at a rate of three to four times daily, it was suggested on October 29, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite previous usage of the H-Wave device. Therefore, the request was not medically necessary.