

<b>Case Number:</b>	CM14-0191565		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 wrist pain reportedly associated with an industrial injury of June 4, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and several months off of work. In a Utilization Review Report dated November 4, 2014, the claims administrator denied a request for a six-month rental of a TENS unit. The claims administrator stated that its decision was based on an office visit of October 9, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were invoked. In a separate Utilization Review Report dated November 4, 2014, the claims administrator also denied 12 sessions of physical therapy to the left hand. The applicant's attorney subsequently appealed. In a chiropractic progress note dated October 1, 2014, the applicant was placed off of work, on total temporary disability, while MRIs of the cervical spine, left shoulder, and left wrist were endorsed. 7/10 multifocal pain complaints were reported. On August 28, 2014, the applicant's primary treating provider, a chiropractor, ordered a TENS unit for home use purposes. Complaints of neck pain, shoulder pain, wrist pain, and mid back pain were evident. The remainder of the file was surveyed. The October 9, 2014 office visit cited by the claims administrator was not incorporated into the Independent Medical Review report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy visits for the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Protonix contains pantoprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events...Patients at high risk for gastrointestinal events...Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 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)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Protonix 20mg quantity 30 with no refills is not established for this patient.

**6 Months rental of transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 8-8, page 181; 203; Table 11-7, page 271.

**Decision rationale:** The article in question was seemingly sought via an August 28, 2014 progress note and associated RFA form. The applicant's primary pain generators as of that date, include the left wrist, left shoulder, cervical spine, and thoracic spine. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 notes that TENS units and passive modalities, as a class, are deemed "not recommended" in the management of forearm, wrist, and hand complaints, as are/were present here on or around the date of the request. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 likewise notes that TENS units are "not recommended" in the evaluation and management of neck and upper back complaints, as were evident here on or around the date in question. While ACOEM Chapter 9, page 203 notes that physical modalities such as TENS units are not supported by high-quality medical studies but may be useful in initial conservative treatment of acute shoulder symptoms, in this case, however, the request for a six-month rental of a TENS unit implied chronic, long-term, and/or scheduled usage of the same. The proposed six-month rental, thus, runs counter to the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271, and the MTUS Guideline in ACOEM Chapter 9, page 203 as it contains no provision to re-evaluate the applicant in the midst of TENS therapy to ensure

program progression and/or functional improvement with the same. Therefore, the request is not medically necessary.