

<b>Case Number:</b>	CM14-0198714		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/26/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 69-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of October 26, 2003. In a Utilization Review report dated November 29, 2014, the claims administrator failed to approve requests for an interferential stimulator rental and Pamelor. The claims administrator referenced a progress note of November 5, 2014 and an RFA form of November 13, 2014 in its determination. The applicant's attorney subsequently appealed. On November 5, 2014, the applicant reported ongoing complaints of low back pain, shoulder pain, and knee pain, highly variable, 8/10. The applicant was using Norco and Cymbalta for pain relief. The applicant reported 10/10 pain without medications versus 7/10 pain with medications. The attending provider suggested that the applicant had been without Pamelor for some time owing to authorization issues and suggested that he was endorsing the same for ongoing complaints of pain and insomnia. Norco and Cymbalta were also renewed. The applicant's permanent work restrictions were also seemingly renewed. It did not appear that the applicant was working with said permanent limitations in place. The attending provider stated that the interferential stimulator device in question represented a combination of a neuromuscular electrical stimulator-interferential stimulator device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME rental: Interferential stimulator unit and supplies (month) #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Interferential Current Stimulation (ICS) Page(s): 121; 120.

**Decision rationale:** No, the proposed interferential stimulator unit with associated supplies was not medically necessary, medically appropriate, or indicated here. The attending provider attached a copy of the product description to his request. Said product description acknowledged that the device was an amalgam of a neuromuscular electrical stimulator and an interferential stimulator. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended in the chronic pain context present here, but, rather, should be reserved for the poststroke rehabilitative context. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also outlines criteria for introduction of interferential stimulation devices, some of which include evidence of analgesic failure, analgesic intolerance, diminished analgesic efficacy, evidence of analgesic medications side effects resulting in ineffective pain control, and/or a history of substance abuse which would prevent provision of analgesic medications. Here, however, the applicant was given various prescriptions for Norco, Cymbalta, Pamelor, etc. There was no mention of any issues with analgesic failure and/or intolerance. Since neither the neuromuscular electrical stimulation nor the interferential current stimulation modalities in the device in question were recommended in the clinical context present here, the request was not medically necessary.

**Pamelor 10 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** Conversely, the request for Pamelor (nortriptyline), an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants such as Pamelor (nortriptyline) are a first-line agent for chronic pain complaints, in particular neuropathic pain complaints as were seemingly present here in the form of the applicant's ongoing lumbar radicular pain complaints. The attending provider, in effect, framed the request as a first-time request for Pamelor, stating that the applicant had not been using the same for quite some time. Introduction of Pamelor was, thus, indicated on or around the date in question, November 5, 2014. Therefore, the request was medically necessary.

