

<b>Case Number:</b>	CM14-0202489		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 54 year old employee with date of injury of 5/8/09. Medical records indicate the patient is undergoing treatment for s/p Achilles tendon rupture (2009) and s/p platelet transfer (date unknown) . He has tarsal tunnel syndrome left ankle secondary to 2009 injury and subtalar joint pain secondary to congenital foot deformity. Subjective complaints include sharp and achy pain in the foot and ankle. The pain is aggravated by driving, sitting for long periods, taking first step and squatting. The patient cannot decide if his plantar ligament is painful or if it the nerve. Objective findings include positive Tinel's sign at the posterior tibial left ankle. He has pressure in the soleus sling which was very painful at the left extremity. On the left, his ankle is stable with normal range of motion (ROM); STJ-ROM is normal and stable; the right subtalar joint is painful on eversion and inversion. No crepitus at the joint. MTJ- ROM is stable and normal. No instability. The metatarsal phalangeal joints on left foot painful at inversion and extension. No crepitus at the joint. His gait is mildly pronated bilaterally. Treatment has consisted of home exercise, Ibuprofen, physical therapy, orthotics, Vitamin B, Metanx, H-wave and one injection. The utilization review determination was rendered on 11/24/14 recommending non-certification of H-wave, unspecified frequency and Metanx, unspecified strength and quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave, unspecified frequency:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review."The treating physician does not actually confirm whether functionality has improved, objective findings have improved, or if there was decrease in medication usage. Additionally, the medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, the request for H-wave, unspecified frequency is not medically necessary.

**Metanx, unspecified strength and quantity:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food and on <http://www.metanx.com/learn-about-metanx/>

**Decision rationale:** MTUS is silent regarding Metanx. Metanx is a medical food. In addition, Official Disability Guidelines states that a medical food is "Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered eternally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision." The medical records do not indicate the specific dietary disease or condition for which there is a distinctive nutritional

requirement that the medication would be used for. As such the request for Metanx, unspecified strength and quantity is not medically necessary.