MAXIMUS Federal Services

Case Number:	CM15-0104094		
Date Assigned:	06/08/2015	Date of Injury:	05/30/2013
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/30/2015

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 58-year-old who has filed a claim for chronic wrist and thumb pain reportedly associated with an industrial injury of May 30, 2013. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve requests for an interferential unit stimulator three months rental with associated garments and electrodes and Protonix. A progress note of April 9, 2015 and associated RFA form of same date were referenced in the determination. The applicant's attorney subsequently appealed. In a medical legal evaluation dated April 21, 2015, the applicant reported ongoing complaints of left thumb pain. The applicant was not working and had not worked since December 2012, it was reported. The applicant was using a wrist brace as well as Tylenol with Codeine, it was incidentally noted. The applicant did report some issues with gripping and grasping, it was reported. The applicant's gastrointestinal review of system was described as "unremarkable." There was no seeming mention of the applicant is having history of reflux, heartburn, or GERD on this date. On April 9, 2015, the applicant reported persistent complaints of thumb pain with attendant weakness. The applicant had undergone earlier thumb surgery in July 2013, it was further noted. Voltaren, Protonix, Tylenol No. 3, and the interferential stimulator device in question were endorsed. It was stated that the applicant had used the interferential stimulator device while in therapy with some benefit. It was acknowledged that the applicant was not working with restrictions in place. It was seemingly suggested that Protonix is being employed for gastric protective effect in conjunction with Voltaren. The applicant was 58 years old as of this date, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds4-IF unit x 3 month rental with Garment/Electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the request for an interferential unit stimulator three month rental with associated garment was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one-month trial of interferential stimulator can be employed in applicants in whom pain is ineffective due to diminish medication efficacy, applicants in whom pain is ineffective owing to medication side effects, and/or applicants with a history of substance abuse that prevent provision of analgesic medications, here, however, there was no mention of the applicant's having issues with analgesic medication failure or intolerance on or around the date in question, April 9, 2015. The applicant's reportedly successful usage of oral pharmaceutical such as Tylenol No. 3 and Voltaren, effectively obviated the need for the interferential unit rental in question. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines suggest a one-month trial of an interferential stimulator device in qualifying applicants; the request for a three-month rental, thus, represents treatment in excess of the MTUS principles and parameters. Therefore, the request was not medically necessary.

Retro: Protonix 20 mg #60: Upheld

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

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

Decision rationale: Similarly, the request for Protonix, a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's progress note of April 9, 2015 seemingly suggested that Protonix was intended for cytoprotective effect purposes as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment for prophylactic usage of proton-pump inhibitors. Namely, the applicant was less than 65 years of age (age 58), did not have a history of prior GI bleeding and/or peptic ulcer disease, was not using NSAIDs in conjunction with corticosteroids, and was not using multiple NSAIDs. Therefore, the request was not medically necessary.