

Case Number:	CM15-0104298		
Date Assigned:	06/05/2015	Date of Injury:	10/20/2010
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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 45-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of October 20, 2010. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve requests for conductive garment for use of a TENS unit, Protonix, and Flexeril. The claims administrator referenced a RFA form dated April 17, 2015 in its determination. The applicant's attorney subsequently appealed. On May 14, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and shoulder pain with derivative complaints of insomnia. The applicant also had superimposed diabetes and hypertension, it was reported. The note was very difficult to follow and, at times, internally inconsistent. Attending provider stated that the applicant was full time regular duty in the social history section of the note but then reported that the applicant was placed off of work, on total temporary disability, towards the bottom of the note. The applicant was asked to continue Salonpas patches, ReQuip, metformin, Zestril, Flexeril, Lyrica, Norco, Cymbalta, Neurontin, and Motrin it was reported. The applicant had undergone an earlier failed lumbar discectomy surgery, it was further noted. There was no mention of the TENS unit at issue on this occasion. On March 12, 2015, the applicant's spine surgeon stated that the applicant was not seemingly a candidate for further spine surgery. On April 15, 2015, the applicant was again placed off of work, on total temporary disability, while multiple medications were continued and/or renewed, including ReQuip, metformin, Zestril, Flexeril, Lyrica, Salonpas, Cymbalta, Norco, Neurontin, and Motrin. In a RFA form dated May 13, 2015, multiple articles were sought, including the conductive garment

in question, Flexeril, tramadol, Celebrex, Effexor, Desyrel, and Protonix, along with laboratory testing. In an associated progress note dated May 13, 2015, the attending provider noted the applicant had collected a variety of disability and/or indemnity benefits and was in the process of the pursuing further disability and/or indemnity benefits; the applicant had previously received a TENS unit, it was acknowledged. The applicant was given refills of Flexeril, tramadol, Celebrex, Effexor, Desyrel, and Protonix. The conductive garment in question was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive Garment for use with TENS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for a conductive garment for use in the conjunction with a TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, conductive garment and/or form fitting TENS unit is considered medically necessary when an applicant has such a large area which requires stimulation that a conventional system cannot accommodate such treatment. Here, however, there was no mention of the applicant having such widespread pain generator that a conventional TENS unit was inadequate and/or documentation that a special conductive garment was needed. It is further noted that page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that usage of a TENS unit and by implication, provision of associated supplies, beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial in terms of both pain relief and function. Here, however, the applicant was off of work, on total temporary disability, it was reported on multiple office visits, referenced above. Ongoing usage of TENS unit failed to curtail the applicant's dependence on opioids agents such as tramadol and/or Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the TENS unit. Therefore, the request for provision of an associated conductive garment was not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the

MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue implies chronic, long-term, and twice daily usage, i.e., usage in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Pantoprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Cervical and Thoracic Spine Disorders, page 122.

Decision rationale: Conversely, the request for Protonix (pantoprazole), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicants who are at heightened risk for adverse gastrointestinal events and who, by implication, qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs. Here, the applicant was apparently receiving ibuprofen from a pain management physician, per progress note of April 16, 2015 and was, concurrently receiving Celebrex, another anti-inflammatory medicine, from a secondary treating provider, per an office visit of May 13, 2015. The Third Edition ACOEM Guidelines cervical and thoracic spine disorders chapter notes on page 122 that applicants who are at heightened risk for adverse GI effects include those individuals who carry a diagnosis of diabetes mellitus. Here, the applicant did apparently have issues with superimposed diabetes, it was reported on both April 15, 2015 and May 13, 2015. Usage of Protonix (pantoprazole), thus, was indicated for cytoprotective effect purposes, for all of the stated reasons. Therefore, the request was medically necessary.