

Case Number:	CM15-0131115		
Date Assigned:	07/17/2015	Date of Injury:	08/07/2013
Decision Date:	09/09/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 44 year old male who sustained an industrial injury on 8/7/13. The injured worker was diagnosed as having radial nerve injury, left bicipital tendonitis, left arm contracture and left shoulder pain. Currently, the injured worker was with complaints of pain in the left shoulder, left elbow and left wrist. Previous treatments included physical therapy, transcutaneous electrical nerve stimulation unit, trigger point injections, chiropractic treatments, functional capacity evaluation, status post multiple surgeries, cortisone injections, heat/ice applications, oral pain medication and topical creams. Previous diagnostic studies included radiographic studies, computed tomography, electromyography and nerve conduction velocity studies. CURES report was noted from 3/17/15 to be consistent with prescribed medications. Work status was noted as modified work status. A urinalysis was noted to be consistent from 2/20/15 and collected again at 5/12/15 visit. Physical examination was notable for left hand with limited full extension of left arm. The plan of care was for a transcutaneous electrical nerve stimulation unit and medication review and Naproxen 550 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: 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 Transcutaneous electrotherapy Page(s): 118-119.

Decision rationale: The request is for a transcutaneous electrical nerve stimulation (TENS) unit which the UR modified to a 30 day trial of a generic 2 lead transcutaneous electrical nerve stimulation unit. The injured worker was with complaints of pain in the left shoulder, left elbow and left wrist. There is no quality evidence of effectiveness except in conjunction with recommended treatment including return to work, exercise and medications. The randomized control trials that have evaluated the effectiveness of this treatment have included studies for back, jaw, soft tissue shoulder, cervical neck and postoperative knee pain. Although it has been proposed for treatment in general for soft tissue injury or for enhanced wound or fracture healing, there was insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. The therapy may vary according to the frequency of stimulation, the pulse duration, treatment time and electrode placement technique. Additionally, the body part or parts to which this interferential unit was to have been applied were not specified by the provider and provider documentation does not outline a home exercise program. Provider documentation dated 3/13/15 and 5/12/15 notes the injured worker was with "relief when using electrical stimulation." As such, the requested transcutaneous electrical nerve stimulation unit is not medically necessary.

Naproxen 550mg #60: 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 NSAIDs Page(s): 67-78.

Decision rationale: The request is for Naproxen 550mg #60. The injured worker was with complaints of pain in the left shoulder, left elbow and left wrist. The CA MTUS recommends the lowest dose NSAID for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." The CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short term option. Provider documentation fails to provide the efficacy of the requested medication. In a Qualified Medical Examination document, there is notation of the initiation date of Naproxen as 6/17/14. Provider documentation from February of 2015 showed the injured worker with a pain rating of 7/10, in March of 2015 the pain rating was 6/10 and May of 2015 the pain rating was 7-8/10 all while taking ibuprofen. The provider is escalating the NSAID treatment. As such, the request for Naproxen 550mg #60 is not medically necessary.

