

<b>Case Number:</b>	CM15-0215062		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/16/2011
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial-work injury on 7-16-11. A review of the medical records indicates that the injured worker is undergoing treatment for nonspecific metatarsalgia, pain on the proximal phalanx of the third toe status post non-displaced intra-articular fracture on the lateral aspect of the third distal phalanx base, stress, depression and insomnia. Treatment to date has included pain medication Naprosyn, Tramadol, Celebrex, Protrinix, Aciphex since at least 7-24-15 , 3 injections right foot which showed 50-70 percent relief, orthotics, bracing and hot and cold wrap. There is no documentation of prior trial of TENS unit and there is no documented history of peptic ulcer, GI bleeding or perforation in the medical records. Medical records dated 9-18-15 indicate that the injured worker is doing quite well since getting the injection in the right foot. He physician indicates that he takes the medications to be functional. Per the treating physician report dated 9-18-15, the injured worker has not returned to work. The physical exam reveals that the injured worker denies any pain along the ankle at this time. The physician indicates that he recommends Aciphex for gastritis and transcutaneous electrical nerve stimulation (TENS) with conductive garment for the ankle. The request for authorization date was 9-18-15 and requested services included Aciphex 20 mg QTY 30.00, 4 lead Transcutaneous electrical nerve stimulation (TENS) unit QTY 1.00, and Conductive garment for use with TENS unit QTY 1.00. The original Utilization review dated 9-28-15 non- certified the request for Aciphex 20 mg QTY 30.00, 4 lead Transcutaneous electrical nerve stimulation (TENS) unit QTY 1.00, and Conductive garment for use with TENS unit QTY 1.00.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **AcipHex 20 mg QTY 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The request is for Aciphex, a second-line proton pump inhibitor (PPI) indicated for the treatment of GI distress (dyspepsia) and as a preventive in those at risk for adverse events who are taking an NSAID. Those at risk for adverse events are 1) over 65 years of age; 2) have a history of GI hemorrhage, PUD or perforation; 3) those taking ASA, corticosteroids or anticoagulants; and 4) those on high dose/multiple NSAIDs. This patient does not meet any of the above criteria and also does not have an ongoing complaint of GI distress. ODG requires a trial of first-line PPIs, such as Prilosec or Prevacid, prior to recommending Aciphex, and there is no evidence of these trials in the medical records. Therefore, the request is not medically necessary or appropriate.

### **4 lead TENS unit QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The request is for a 4-lead TENS unit. TENS is not recommended as an isolated treatment, but a 1-month home trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidenced-based functional restoration. A 2-lead unit is usually recommended. A 4-lead unit requires specific documentation of medical necessity, which is not present in this request. In addition, there is no evidence of a trial of TENS therapy to establish efficacy. Therefore, the request is not medically necessary or appropriate.

### **Conductive garment for use with TENS unit QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The request is for a conductive garment for use with a TENS unit. Criteria for a form-fitting TENS device is only considered necessary when there is documentation of such a large area that requires stimulation that a conventional system cannot accommodate the treatment. In addition, if the patient has a medical condition, such as skin pathology or the unit is to be used under a cast, a conductive garment may be warranted. In this case, none of the above criteria are met and the request is not medically necessary or appropriate.