

Case Number:	CM15-0039333		
Date Assigned:	03/09/2015	Date of Injury:	08/19/2002
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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(n) 46 year old male, who sustained an industrial injury on 8/19/02. He reported pain in the left elbow and hand. The injured worker was diagnosed as having chronic pain refractory depression and anxiety, contracture of hand joint and pain in joint, forearm. Treatment to date has included surgery, psychotherapy and pain medications. The supplemental report from 11/5/14 indicated that the injured worker was experiencing significant anxiety, had developed a phobia to driving on the freeway and had suicidal ideation. As of the PR2 dated 1/12/15, the injured worker reports sharp, aching 5/10 upper extremity pain and depression. The treating physician recommended trans-cranial magnetic stimulation to help with depression and continue current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcranial magnetic stimulation: 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) Transcranial Magnetic Stimulation for MDD.

Decision rationale: Transcranial Magnetic Stimulation (TMS) is noninvasive electromagnetic stimulation of the brain that has been found efficacious in the treatment of Major Depressive Disorder (MDD) and neuropathic pain in patients who have failed other modalities of treatment. ODG recommends TMS in cases of severe treatment resistant MDD and psychotic depression. The optimal length of treatment and usefulness of maintenance treatment is currently unknown. Antidepressant medications remain the first-line therapy, with electroconvulsive shock (ECT) the most effective treatment for medication resistant depression. ODG recommends that for patients who have failed both antidepressants and ECT, TMS can be considered. TMS is a reasonable and appropriate next intervention after three failed medication trials AND failed ECT, OR after four failed medication trials. This patient's medical record does not document the requisite number of failed treatments to result in TMS being a medically necessary and appropriate procedure.

Naprosyn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs have been found to have more adverse effects than placebos or acetaminophen and have been found to impair healing in all the soft tissues, ligaments, tendons and cartilage. In this patient who has had multiple injuries and ten surgical procedures, the chronic use of NSAIDs is problematic and not medically necessary and appropriate.

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 47.

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

Decision rationale: Clinicians should weight the indications for NSAIDs against both the GI and cardiovascular risks. The request is for Protonix to be taken in conjunction with Naprosyn in order to potentially reduce the GI risk of the NSAID. A patient is at risk for a GI event while taking an NSAID if the following criteria are present: 1) age greater than 65; 2) history of peptic ulcer, GI bleeding or perforation; 3) concurrent use of aspirin, corticosteroids and/or an anticoagulant; or 4) high dose/multiple NSAIDs. This patient's medical records do not document

any of the above GI risk factors, therefore the request for Protonix is not medically necessary or appropriate.