

<b>Case Number:</b>	CM14-0211544		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Colorado

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:

56 year old female with date of injury 1/10/2012 continues care with the treating physician. Patient's primary complaints included bilateral shoulder pain (worse on left), myofascial pain syndrome, and bilateral upper extremity radiculopathy, minimally responsive to multiple modalities including medications, physical therapy, injections, and interferential stimulation with home unit. Patient also underwent arthroscopic decompression and debridement of left shoulder, without documentation of significant improvement. The records supplied for review do not include any records beyond March 2014, so no updated history or exam is available. The treating physician requests prescription for Motrin and conductive glove for IFC unit. (Records do not clarify if the glove is to be purchased or rented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 68.

**Decision rationale:** Per the MTUS Guidelines, non-steroidal anti-inflammatory drugs are recommended as second line agents for pain, after trial of Acetaminophen, (particularly for those patients at risk for gastrointestinal events, cardiac events, and renal disease), to be taken at the lowest effective dose for shortest period of time. Non-steroidal anti-inflammatory drugs may be first line for moderate to severe pain, based on available evidence, though studies cannot consistently confirm that non-steroidal anti-inflammatory drugs are superior to Acetaminophen. There is no evidence that any of the non-steroidal anti-inflammatory drugs are effective long term for pain relief or functional improvement. There is no consistent evidence that non-steroidal anti-inflammatory drugs are useful for long term management of neuropathic pain. As no records more current than March 2014 were available for review, there is no documentation of current use of this medication and its effects, if any. Given the lack of evidence, per the guidelines, to support long term use of non-steroidal anti-inflammatory drugs in pain treatment, and the lack of verifiable improvement in function or pain for this patient with a non-steroidal anti-inflammatory drug, the request for Motrin is not medically necessary.

**1 Conductive glove for IFC Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 118-120.

**Decision rationale:** Per the guidelines, Interferential current stimulation is not recommended as an isolated intervention. There is no evidence-based support for the use of this intervention except in conjunction with return to work, exercises and medications, and only then when those modalities are not effective alone. Regarding Interferential current stimulation: The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue/shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic issues. While interferential stimulation is not recommended as an isolated therapy, if it is to be used, criteria that could be employed to select appropriate patients are as follows: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Even if patient meets the above criteria, the patient would only be considered appropriate if also has documented improvement with a trial of the interferential stimulation unit when applied / directed by a physical medicine provider. If patient has had a successful provider-directed trial and meets criteria otherwise, then a one month trial may be considered. To be considered a successful trial period, the patient should have improved function, less pain, and decreased requirement for

medications. A "jacket" (a "wearable" device to go with IFC unit, which includes gloves) requires a 1 month trial of use and documentation that patient is unable to use the standard stimulation pads on their own or with the help of another. For the patient of concern, the records indicate she has been using an IFC since 2012 with 50% pain reduction and increased functional capacity. However, no mention is made of the current use of conductive glove, or need for glove. There is no documentation that patient is unable to use standard pads for her IFC unit. Without evidence that patient cannot physically manage the standard pads for the IFC unit, the request for conductive gloves for the IFC unit is not medically indicated.