

Case Number:	CM15-0019059		
Date Assigned:	02/06/2015	Date of Injury:	07/17/2006
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male who sustained an industrial injury on 7/17/06. The injured worker reported symptoms in the back. The diagnoses included discogenic lumbar condition status post three-level foraminotomy and decompression with persistent magnetic resonance imaging changes of disc wear from L2 to S1 with anterolisthesis of L4 on L5, and S1 radiculopathy noted bilaterally by Electromyography in 2013. Treatments to date include transcutaneous electrical nerve stimulation unit, oral pain medication, home exercise plan, heat/ice application. In a progress note dated 12/22/14 the treating provider reports the injured worker was with pain in the back and "shooting pain down the legs...numbness, tingling and shooting pain...pain across low back radiating into the hip." On 1/12/15 Utilization Review non-certified the request for 1 transcutaneous electrical nerve stimulation unit, 1 conductive garment and Protonix 20 milligrams, quantity of 60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for TENS unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. MTUS guidelines further states that "A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." In this case, the review of the reports indicates that the patient has used TENS unit in the past, but there is no documentation in any of the reports showing how TENS was used and with what effectiveness, except "a small TENS unit gave him good relief." MTUS require documentation of use and efficacy before a TENS unit is allowed for a home use. The treater requested for a larger TENS unit because a small unit no longer worked. The treater does not provide the explanation as to what the problem is with the small TENS unit and why it needs to be replaced. The request IS NOT medically necessary.

1 conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for conductive garment. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. MTUS states, Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions -such as skin pathology- that prevents the use of the traditional system, or the TENS unit is to be used under a cast -as in treatment for disuse atrophy-" In this case, the treater does not explain why a conductive garment is needed. The patient does not present with a medical condition such as skin pathology nor require a large area of treatment to warrant a conductive garment. The request IS NOT medically necessary.

Protonix 20 mg #60: Upheld

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): 69.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Protonix 20mg #60. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID --e.g., NSAID + low-dose ASA--. In this case, the patient appears to have not tried Protonix in the past. The treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. The review of the reports does not show that the patient has been on any NSAIDs and there is no request for NSAIDs. There are no documentations of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request IS NOT medically necessary.