

Case Number:	CM15-0117322		
Date Assigned:	06/25/2015	Date of Injury:	11/23/2009
Decision Date:	08/07/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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:

This 54 year old male sustained an industrial injury to the right knee via cumulative trauma from 11/23/08 to 11/23/09. The injured worker later developed left knee and low back pain due to compensation. Previous treatment included magnetic resonance imaging, physical therapy, two-lead transcutaneous electrical nerve stimulator unit, custom knee brace, hot and cold wrap, injections and meds. In a progress noted dated 5/27/15, the injured worker complained of persistent right knee pain with intermittent popping, clicking and swelling in both knees. Physical exam was remarkable for tenderness along both knees with full extension and flexion bilaterally. Current diagnoses included internal derangement of the right knee, compensatory left knee derangement and low back involvement, history of atrial fibrillation, sleep disturbance, depression and weight loss. Past medical history was significant for hypertension and borderline diabetes mellitus. The treatment plan included a four lead transcutaneous electrical nerve stimulator unit with conductive garment for the knee, continuing home exercise and application of ice and heat and prescriptions for Norco, Flexeril, Protonix and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four leads TENS unit with 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, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient receives treatment for chronic pain syndrome. The patient's has chronic low back pain and left knee pain. This relates back to accumulated injury from 11/23/2008 to 11/23/2009, which is work-related. This review addresses a request for a TENS unit for the knees. TENS may be medically indicated to treat some cases of chronic pain, as long as it is not the primary method of treatment and there is evidence of a one month trial of the TENS unit which shows benefit. TENS is not recommended for all types of chronic pain. TENS has been found to be useful for some cases of CRPS II, neuropathic pain, multiple sclerosis, spasticity from injuries of the spinal cord, and phantom limb pain. This patient doesn't have any of these diagnoses. The patient has an internal derangement of the knee. The documentation must show evidence that the trial of the TENS unit resulted in functional improvement. This means a clinically significant improvement in the activities of daily living, a decrease in work restrictions, and a decrease in dependency on continued medical management, including requests for analgesia. This clinical data should be objective, quantifiable, and stated in the history and physical exam portion of the medical documentation. The treating physician's treatment plan needs to include the short-term and long-term treatment goals of the TENS unit. The documentation does not meet these requirements. The request for four leads TENS is not medically necessary.

Protonix 20 mg, sixty count: 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): 68-69.

Decision rationale: This patient receives treatment for chronic pain syndrome. The patient's has chronic low back pain and left knee pain. This relates back to accumulated injury from 11/23/2008 to 11/23/2009, which is work-related. This review addresses a request for Protonix 20 mg #60. Protonix is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDS. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Protonix is not medically necessary.