

<b>Case Number:</b>	CM15-0172432		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 61 year old female who sustained an industrial injury on 1-21-11. A review of the medical records indicates she is undergoing treatment for carpometacarpal joint inflammation of the thumb bilaterally on a cumulative basis, left wrist joint sprain, and sleep issues due to chronic pain. Medical records (4-2-15 to 8-4-15) indicate ongoing complaints of pain of the left wrist and the bases of both thumbs. She was noted to have limitation with gripping and grasping, as well as the inability to lift more than 10 pounds (4-2-15 and 8-4-15). The physical exam revealed tenderness along the base of the thumb on the left. Motion was noted to be "affected". The grip was noted to be weak. Limited range of motion was noted (8-4-15). The physical exam was unchanged from the 4-2-15 exam. Treatment has included oral medications, including Nalfon and Naproxen. She has been denied Protonix, Tramadol, Rmeron, and Flexeril in the past. She is currently not working. The report indicates that she is "limiting chores around the house" due to her pain. She has been using hot and cold packs, as well as a TENS unit. She has been taking Advil over-the-counter. She has undergone one injection in the base of the left thumb. The requested treatment is for a 4-lead TENS unit, conductive garment, and Fenoprofen calcium 400mg, #60. The utilization review (8-14-15) denied both treatments, indicating that for the 4-lead TENS unit, that there is "no mention of benefit from prior electrostimulation treating in the setting of formal physical therapy". In regards to the conductive garment, the UR indicates that the TENS unit is not medically necessary; therefore, the conductive garment is not necessary. In regards to the Fenoprofen calcium, the UR indicates

that "there is no mention of systemic comorbidity or medical contraindication to NSAID use and no mention of adverse side effects".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **4-Lead TENS (transcutaneous electrical nerve stimulation) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** 4-Lead TENS (transcutaneous electrical nerve stimulation) unit is not medically necessary per the MTUS Guidelines. The MTUS states that a TENS unit should have a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The MTUS 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. The documentation is not clear why a two lead unit cannot be utilized. There is no evidence of a treatment plan with short and long term goals or evidence of significant objective functional improvement from prior TENS unit therefore this request is not medically necessary.

#### **Conductive garment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Conductive garment is not medically necessary per the MTUS Guidelines. The MTUS states that a TENS unit should have a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The MTUS 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. The documentation is not clear why a two lead unit cannot be utilized. There is no evidence of a treatment plan with short and long term goals or evidence of significant objective functional improvement from prior TENS unit therefore a TENS unit is not medically necessary nor is a conductive garment for use with a TENS unit medically necessary.

#### **Fenoprofen Calcium 400mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Fenoprofen Calcium 400mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDS and may compromise renal function. The MTUS states that Fenoprofen (Nalfon, generic available) can be used for osteoarthritis and mild to moderate pain relief. The documentation indicates that the patient was approved for Naproxen therefore the simultaneous request for Fenoprofen is not medically necessary.