

<b>Case Number:</b>	CM15-0177701		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Arizona  
 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 57 year old male, who sustained an industrial injury on 3-1-2004. The medical records indicate that the injured worker is undergoing treatment for cervical discogenic condition, impingement syndrome of the left shoulder, status post decompression and labral repair (2010), mid back sprain, left cubital tunnel syndrome, status post transposition (2009), carpal tunnel syndrome bilaterally, status post decompression, internal derangement of the left knee, left wrist joint inflammation, and chronic pain syndrome with elements of depression, sleep, stress, and weight gain. According to the progress report dated 8-5-2015, the injured worker complains of bilateral wrists, left elbow, left shoulder, left knee, neck, mid back symptoms, as well as headaches. The physical examination reveals grade 4 instability along the knee in anterior and posterior drawer testing. No major laxity with varus and valgus testing. He has weakness to resisted function. Tenderness along the carpal tunnel and aberrant two-point discrimination on the left hand is noted. The medications prescribed are Naproxen, Protonix, Maxalt, Lunesta, and Aciphex. Treatment to date has included medication management, physical therapy, hot and cold wrap, braces, MRI studies, 2 lead TENS unit, electrodiagnostic testing, neck traction with air bladder, injection of the knee, and surgical intervention. His work status as of March 2015 is permanent and stationary. The original utilization review (9-1-2015) had non-certified a request for Aciphex (unknown prescription), 4 lead TENS unit, conductive garment, Protonix #60, and retrospective Protonix (DOS: 8-5-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Aciphex: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. This request cannot be supported, as there is no rationale for two different proton pump inhibitors, and within the request itself there is no known quantity, rendering the prescription incomplete. This request is not medically necessary.

**4 lead TENS: 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): Electrical stimulators (E-stim). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS section.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS units can be utilized for the relief of musculoskeletal pain. It is recommended that there should be an initial 1 month trial of the use of a TENS unit. The modality of the utilization of the use of the TENS unit should be documented. The guidelines recommend that the TENS units can then be purchased or authorized for long-term use if there is documentation of pain relief, improved function with range of motion, and reduction in medication utilization. Within the records it is noted the injured worker has experience with TENS unit but there is no specific mention of how pain was reduced using validated measures, and there is no mention of how function and/or ability to participate or perform activities of daily living was enhanced due to TENS use. The request is not medically necessary.

**Protonix 20mg quantity 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, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Within the medical records submitted for review, it is not made clear that the injured worker is at high risk for gastrointestinal events. Furthermore, the injured worker was noted to be on first line PPI Prilosec, since at least 2012. There is no mention of Pantoprazole being more effective in treatment of dyspepsia symptoms related to NSAID use. Lastly, there is no clear mention of active and problematic GERD noted in recent medical records. Medical necessity has not been established. The request is not medically necessary.

**Conductive Garment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the request for TENS unit is not medically necessary, the request for conductive garment to be utilized with TENS unit is not medically necessary.

**Protonix 20mg quantity 60 DOS 8-5-15:** 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, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Within the medical records submitted for review, it is not made clear that the injured worker is at high risk for gastrointestinal events. Furthermore, the injured worker was noted to be on first line PPI Prilosec, since at least 2012. There is no mention of Pantoprazole being more effective in treatment of dyspepsia symptoms related to NSAID use. Lastly, there is no clear mention of active and problematic GERD noted in recent medical records. Medical necessity has not been established. The request is not medically necessary.

