

Case Number:	CM15-0031248		
Date Assigned:	02/24/2015	Date of Injury:	07/17/2013
Decision Date:	05/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 53 year old female, who sustained an industrial injury on July 17, 2013. She has reported left shoulder pain, neck pain and left wrist pain. The diagnoses have included neck strain/sprain, trapezius strain and shoulder sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, medications and work restrictions. Currently, the IW complains of left shoulder pain, neck pain and left wrist pain. The injured worker reported an industrial injury in 2013, resulting in chronic pain as noted above. She reported being struck by a falling painting while at work. She has been treated conservatively with some improvement of the persistent pain. Evaluation on June 26, 2014, revealed continued pain however some improvement was noted, on a previous date, with acupuncture therapy. Evaluation on December 29, 2014, revealed continued pain. Pain medications were renewed and a muscle stimulator was requested. On February 6, 2015, Utilization Review non-certified a request for Protonix 20mg, clofenac 1% gel, Meds-4 IF Unit (in months) and a conductive garment for Meds 4 stimulator, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of requested Protonix 20mg, clofenac 1% gel, Meds-4 IF Unit (in months) and a conductive garment for Meds 4 stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg Qty: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Pain chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Progress notes state that the IW was started on pantoprazole for GI upset with NSAID use. Pantoprazole is FDA approved for treatment of erosive esophagitis and hypersecretory conditions neither of which is present in the IW. This request is not medically necessary and appropriate.

Diclofenac 1% Gel Qty 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical NSAID's are indicated if systemic NSAID's are not tolerated due to side effects or medication interactions and for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. The documentation included does not specify which affected area the diclofenac is to be applied to also the IW is taking systemic NSAID's. This request is not medically necessary and appropriate at this time.

Meds-4 IF unit (in months) Qty 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to MTUS guidelines NMES devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. This request is not medically necessary and appropriate.

Conductive Garment for Meds4 stimulator Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to MTUS guidelines, NMES devices are not recommended. As such the garment to improve conduction of the NMES device is not warranted either. This request is not medically necessary and appropriate.