

<b>Case Number:</b>	CM15-0093579		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Florida  
 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:

The injured worker is a 54 year old female, who sustained an industrial injury on December 30, 2013. She reported injuries to her head, left shoulder, elbow, hand, hip and ankle following a slip and fall incident. She was diagnosed with a head contusion, contusions of the left shoulder, left elbow, left hand and left hip. Treatment to date has included physical therapy, acupuncture, medications, and modified work/activity duties. Currently, the injured worker complains of increasing back pain and headaches. On physical examination, she has decreased sensation along the C7-T1 dermatome and has hyper flexion and numbness along the left little finger. Motion of the elbow is satisfactory and her grip is weakness. An impingement sign is mildly positive and she has carpal tunnel tenderness on the left. The Diagnoses associated with the request include lateral epicondylitis, rotator cuff strain and bicipital tendinitis on the left with impingement, ulnar neuritis on the right and left, medial and lateral epicondylitis, wrist joint inflammation, carpal tunnel syndrome and chronic pain syndrome. The treatment plan includes a 4-lead TENS unit, conductive garment, Orphenadrine, Nalfon, Protonix, Maxalt and Tramadol/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Lead TENS Unit (indefinite use) Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines, TENS unit Page(s): 114-117.

**Decision rationale:** California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation that other treatment modalities have been tried and failed. Likewise, this request for a TENS unit rental is not medically necessary.

**Conductive garment Qty 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines, TENS unit Page(s): 114-117.

**Decision rationale:** This request is for a conductive garment for TENS unit use. MTUS guidelines regarding TENS unit prescription are not satisfied in this patient's case. Likewise, as the TENS unit was found not to be medically necessary, this conductive garment is also considered not to be medically necessary.

**Pantoprazole 20mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non selective NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, PPI (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID, use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise, this request for Pantoprazole is not medically necessary.

**Tramadol/ APAP 37.5/325mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): page(s) 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with this chronic narcotic pain medication. Likewise, this request is not considered medically necessary.

**Maxalt 10mg Qty 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Acute Migraine Headache. BENJAMIN GILMORE, MD, David Geffen School of Medicine, University of California, Los Angeles, California MAGDALENA MICHAEL, MD, Mountain Area Health Education Center, Hendersonville, North Carolina Am Fam Physician. 2011 Feb 1; 83(3): 271-280.

**Decision rationale:** Triptan medications (such as Maxalt) are recommended in the treatment of acute Migraine headaches. The documentation provided does not address if the patient has been suffering from Migraine headaches recently. There is also no documentation that this medication has been providing her pain relief when she does have a Migraine headache. Likewise, the medical necessity of this medication cannot be established without further documentation being provided. Therefore, this medication request is not considered medically necessary at this time.