

Case Number:	CM13-0001816		
Date Assigned:	05/02/2014	Date of Injury:	03/08/2005
Decision Date:	06/10/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/17/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is presented with a date of injury on 3/8/2005. Mechanism of injury was described as a slip and fall at work injuring lower back. Patient has a diagnosis of lumbar multilevel degenerative disc disease and facet arthritis of lower lumbar spine and mild to moderate central canal stenosis L3-4 and L4-5. Reported dated 6/26/13 state patient complains of increasing lower back pains. Per the medical record, patient has not filled medication or returns for clinic visit since March 2013 due to cost and incarceration. There is no characteristic or severity of pain documented in treating physician's chart. Objective exam reveals comfortable patient, noted bilateral tenderness and spasms to L3-5 region of lumbar back with decreased range of motion (ROM). No facet tenderness. Normal motor exam. There is decreased sensation to L lateral leg with positive sciatica straight leg raise to 20 degrees to left leg. Normal tendon reflexes. Patient had a 30-day trial of H-wave device. It was approved sometime in January 2013. There is no documentation of when this trial was attempted or if there was any improvement or benefit from the device. Patient has reportedly undergone physical therapy, medications, acupuncture, chiropractic sessions and attempted TENS (Transcutaneous Electrical Nerve Stimulation) with no significant improvement. Medications include Neurontin, Norco and Docuprene. There are reports that patient has had MRIs, electrodiagnostic studies and surgery for the low back problem but no reports or details were provided. Utilization review is for Anaprox 550mg #60(Date of service for 6/26/13), prilosec 20mg #30(Date of service for 6/26/13) and H-wave unit rental extension for additional 3 months (Date of service for 6/26/13). Prior UR on 7/12/13 recommended non-certification for the above requested prescriptions but certified other prescriptions that are not part of this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550 MG #60 DATE OF SERVICE 6/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS(Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

Decision rationale: Anaprox is naproxen, a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs especially Anaprox is recommended for short term treatment or for exacerbations of chronic pains. There are significant side effects if used chronically. In this case, there is no documentation of any pain improvement of benefit from medical record. The request for Anaprox # 60 DOS 6/26/13 is not medically necessary.

PRILOSEC 20 MG #30 DATE OF SERVICE 6/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS Chronic pain guidelines, a PPI may be considered if patient is high risk for gastrointestinal events or have signs of dyspepsia. In this case, the patient did not meet criteria for high risk and there is no report of dyspepsia from the medical records. The request for Prilosec # 30 DOS 6/26/13 is not medically necessary and appropriate.

EXTENSION OF H-WAVE(ELECTRICAL STIMULATION) UNIT RENTAL FOR 3 MONTHS DATE OF SERVICE 06/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation(HWS) Page(s): 117-118.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWS) is a type of electro-stimulation therapy. There is very poor evidence showing any benefit of this therapy compared to standard TENS (Transcutaneous Electrical Nerve Stimulation). It is not recommended as an isolated therapy and a successful 1month trial needs to be documented before additional time can be recommended. In this case, there is no documentation of an evidence based restorative plan except for recommended for physical

therapy. The patient also had a 1month trial of H-wave device with no documentation of any success or improvement in pain. The request for extension of H-Wave unit rental for three months, DOS 6/26/13 is not medically necessary and appropriate.