

Case Number:	CM13-0025987		
Date Assigned:	11/22/2013	Date of Injury:	08/24/2011
Decision Date:	02/05/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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.

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 applicant is a represented [REDACTED] custodian, who has filed a claim for chronic low back pain, ankle pain, and foot pain reportedly associated with industrial injury of August 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; a TENS unit; extensive periods of time off of work; unspecified amounts of acupuncture; orthotics; epidural steroid injections; and unspecified amounts of physical therapy. In a utilization review report of August 26, 2013, the claims administrator denied the request for omeprazole, Mentoderm, and four TENS unit patches. On September 24, 2013, the applicant presents with persistent ankle pain. He is considering a subtalar fusion surgery. He reports 7/10 pain, unimproved. It is stated that conservative measures have been exhausted, failed, and that there is nothing further that can be done from a medical standpoint. A September 14, 2013 note is notable for comments that the applicant is depressed and unable to work, and has a Global Assessment of Functioning of 59. In an appeal letter of September 3, 2013, the attending provider appealed the denial of each of the agents in question. However, no applicant specific rationale was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Omeprazole 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does state that proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of dyspepsia, either NSAID induced or stand-alone, on any recent progress note provided. Using Prilosec in this context is not recommended. Therefore, the request is not certified.

One (1) prescription of Methoderm 120gm: Overturned

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 Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Mentherm are recommended in the treatment of chronic pain. In this case, it does not appear that the applicant previously received a prescription for Mentherm. Given the failure of multiple other modalities, a trial of Mentherm may therefore be indicated here. Therefore, the request is certified.

four (4) pair of TENS patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, continued or sustained usage of a TENS unit can be supported if there is documentation of how often the unit is used, favorable outcomes in terms of pain and function, etc. In this case, however, there is no evidence that prior usage of a TENS unit have led to any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant remains off of work, on total temporary disability. Per his treating provider, conservative measures have been tried, exhausted, and failed. Surgery is now being sought. Continued use of a TENS unit in this context is not indicated. Therefore, the request for TENS patches is not certified.