

Case Number:	CM13-0032267		
Date Assigned:	12/11/2013	Date of Injury:	02/10/2012
Decision Date:	02/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine, and Pulmonary Diseases and is licensed to practice 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. 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 patient is a 49-year-old injured worker who reported an injury on 02/10/2012. The patient is diagnosed with left shoulder impingement syndrome and musculoligamentous sprain of the lumbar spine. The patient was seen by [REDACTED] on 09/17/2013. The patient reported aching soreness in bilateral shoulders with 6/10 low back pain. Physical examination revealed tenderness to palpation of the lumbar spine and limited range of motion. Treatment recommendations included an authorization for an X-Force unit for the bilateral shoulders and lumbar spine, as well as refill of medications including Vicodin and Prilosec

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg, quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain in bilateral shoulders and lower back. The patient's physical examination continues to reveal tenderness to palpation and limited range of motion. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. The request for Vicodin 5/500mg, quantity 30, is not medically necessary and appropriate.

X Force Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: X-Force stimulator is a dual-modality unit, offering TEJS and TENS functions that both use electrical stimulation for pain. California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. There is no documentation of a failure to respond to previous appropriate pain modalities prior to the request for an X-Force stimulator unit. There is also no evidence of a successful 1 month trial of a TENS unit. Additionally, there is no treatment plan including the specific short and long-term goals of treatment with the unit. The request for a X-Force Stim Unit, is not medically necessary and appropriate.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The request for Prilosec 20mg is not medically necessary and appropriate.