

Case Number:	CM13-0043489		
Date Assigned:	12/27/2013	Date of Injury:	08/28/2001
Decision Date:	02/24/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Practice and is licensed to practice in Texas. 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 63-year-old female who reported an injury on 08/28/2001. The mechanism of injury was not provided. The patient was noted to have bilateral pain. The patient was noted to perform swimming and walking exercises. The patient was noted to have difficulty with vacuuming and was noted to have hired a housekeeper to assist with mopping and cleaning the kitchen and the bathroom. The patient was noted to have tenderness to palpation over the trapezii, greater on the left than on the right, without spasms. The patient was noted to have decreased range of motion in the cervical spine. The patient was noted to have hypoesthesia at the C7-T1 dermatomes on the right. The Spurling's maneuver test was noted to be positive bilaterally, along with the axial loading and compression test. The patient was noted to be waiting on a TENS unit. The patient's diagnoses were noted to include a chronic sprain of the cervical spine, mild spondylosis at C3-4 and C7-T1 and chronic strain of the bilateral shoulders and bilateral knees. Other diagnoses were noted to include fibromyalgia. The request was made for medication refills, a TENS unit and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

A replacement TENS unit: 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 TENS Page(s): 115-116.

Decision rationale: California MTUS Guidelines recommend that for ongoing treatment, a one-month trial must document how often the unit was used, as well as outcomes in terms of pain relief and function and that it was used as an adjunct to ongoing treatment modalities with a functional restoration approach. Additionally, other ongoing pain treatment should be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. The clinical documentation submitted for review failed to provide a documented treatment plan with the short and long-term goals of treatment and it failed to provide documentation of objective functional benefit received as well as documentation of how often the unit had been used and the outcomes in terms of pain relief. Given the above, the request for a replacement TENS unit is not medically necessary.

A refill of Prilosec 20mg #30: 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 NSAIDs & GI symptoms Page(s): 69.

Decision rationale: California MTUS recommends drugs like Prilosec for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide that the patient had signs and symptoms of dyspepsia secondary to NSAID therapy. There was a lack of documented efficacy. Additionally, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Prilosec 20 mg #30 is not medically necessary.

A urine toxicology test: 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 Opioids, Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide that the patient had documented issues of abuse, addiction or poor pain control. Given the above, the request for a urine toxicology test is not medically necessary.