MAXIMUS Federal Services

| Case Number: | CM13-0066054 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 05/10/2002 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 12/15/2013 |

## 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 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 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 applicant is a [redacted] employee who has filed a claim for chronic low back pain and sacroiliitis reportedly associated with an industrial injury of May 10, 2002. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of acupuncture over the life of the claim, topical patches, prior multilevel cervical discectomy and fusion surgery, and extensive periods of time off work, on total temporary disability. On December 6, 2013, the applicant's chronic pain physician stated that she had worsening neck pain with associated numbness, tingling, and paresthesias about the hands. The applicant is reportedly dropping objects, including her purse and car keys. Hyposensorium is noted about the hands with severe tenderness at the SI joint. Epidural steroid injection therapy and battery replacements for her TENS and interferential unit were seemingly sought. An earlier rheumatology note of December 18, 2013 is notable for comments that the applicant has continued total body pain, fatigue, and difficulty sleeping, and will therefore be placed off work until the next visit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for one prescription of Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of any signs, symptoms, or complaints of dyspepsia, either NSAID induced or standalone, on any recent progress note. Therefore, the request is not certified, on independent medical review.

**The request for one prescription of Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opiates Page(s): 80.

**Decision rationale:** As noted in page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids such as Norco are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of the same. In this case, however, none of the aforementioned criteria are seemingly met. The applicant remains off work and has been deemed permanently disabled both through the Workers' Compensation System and through the Social Security Disability Insurance (SSDI). The applicant reports heightened pain complaints as opposed to reduced pain complaints on multiple recent office visits. There is no evidence of improved performance of non-work activities of daily living affected as a result of ongoing Norco usage. Therefore, the request is not certified, on independent medical review.

**The request for Motrin 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, in this case, as with the other medications, the applicant has failed to affect any lasting benefit or functional improvement despite ongoing usage of Motrin. The applicant remains off work, several years removed from the date of injury. The applicant's pain complaints are heightened. The applicant is reportedly having increased difficulty performing basic activities of daily living, including gripping, grasping, and lifting. Continuing Motrin without evidence of functional improvement is not indicated. Therefore, the request is not certified.

**The request for one battery for Interferential Unit (48) a month for (3) months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Interferential Stimulation Page(s): 120.

**Decision rationale:** As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, continued usage of an interferential stimulator device beyond one-month trial should be predicated on "evidence of increased functional improvement, less reported pain, and evidence of medication reduction." In this case, however, there is no evidence that the applicant has achieved the requisite analgesia, improved function, and/or reduction in pain scores as a result of ongoing interferential stimulation. The applicant remains off work. The applicant's pain complaints are seemingly heightened as opposed to reduced on the most recent office visit in question and there is no evidence of improved function. Therefore, the request for interferential unit batteries is not certified, on independent medical review.

**The request for one TENS Unit Supplies:** 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 Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** As with the interferential stimulator, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines notes that purchase and/or ongoing use of a TENS unit beyond a one-month trial of the same should be predicated on favorable outcomes "in terms of pain relief and function..." In this case, however, the applicant does not appear to have affected a favorable outcome in terms of either pain relief or function despite prior usage of the TENS unit. The applicant has failed to return to work. The applicant has been deemed permanently disabled both through the Workers' Compensation System and through the Social Security Disability Insurance (SSDI) System. The applicant's pain complaints are heightened. The applicant remains highly reliant on various analgesic medications. All the above, taken together, implies that ongoing usage of TENS unit has not been successful. Therefore, the request is not certified, on independent medical review.