

<b>Case Number:</b>	CM14-0014946		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old female who reported an injury on 12/03/2007. The mechanism of injury was not provided. The diagnoses included chronic pain, lumbar degenerative disc disease, right shoulder sprain/strain, and right knee medial meniscus tear. Per the 12/09/2013 progress report, the injured worker reported increased bilateral knee pain rated 8/10 with associated numbness. Objective findings included abnormal gait and reflexes. The injured worker was noted to have decreased lumbar, right shoulder, and bilateral knee range of motion. It was noted the injured worker had started chiropractic care with good results. In the treatment plan, the provider recommended to continue creams, TENS patches, acetadryl, and omeprazole. It was noted that omeprazole was needed with acetadryl. The Request for Authorization form was submitted 12/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS PATCHES QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The request for TENS patches quantity one is not medically necessary. The California MTUS Guidelines state TENS is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option. The 1 month trial of the TENS unit should include documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There should be evidence that other appropriate pain modalities have been tried and failed. The medical records provided indicate the injured worker had been using TENS patches since at least 10/07/2013. The site of application was not provided. The rationale for the request was not provided. There is a lack of documentation regarding the efficacy of therapy. In addition, the injured worker has exceeded the 1-month trial stated in the guidelines. As such, the request is not medically necessary.

**ACETADRYL 50MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Insomnia treatment.

**Decision rationale:** The request for Acetadryl 50 mg quantity 30 is not medically necessary. The California MTUS Guidelines recommend acetaminophen for the treatment of chronic pain and acute exacerbations of chronic pain. Regarding diphenhydramine, the Official Disability Guidelines state tolerance develops within a few days. The medical records provided indicate an ongoing prescription for Acetadryl since at least 10/07/2013. Since tolerance develops very quickly, the rationale for continued use of Acetadryl for sleep is unclear. There is a lack of documentation regarding subjective complaints of trouble sleeping that would warrant the use of Acetadryl. The efficacy of the medication is also unclear. The guidelines do not support the long-term use of diphenhydramine due to tolerance. As such, the request is not medically necessary.

**OMEPRAZOLE 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Omeprazole 20mg quantity 60 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or high dose/multiple NSAID use. The medical records provided indicate omeprazole was needed with Acetadryl. There is a lack of documentation to indicate the injured worker was

experiencing gastrointestinal problems that would warrant the use of omeprazole. There is also no indication the injured worker was at risk for gastrointestinal event. The guidelines do not support the use of omeprazole in patients who are not taking NSAIDs. As such, the request is not medically necessary.