

Case Number:	CM14-0144000		
Date Assigned:	10/24/2014	Date of Injury:	09/20/2012
Decision Date:	12/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/05/2014

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 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:

While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does note that proton pump inhibitors, such as omeprazole, are indicated in the treatment of NSAID (non-steroidal anti-inflammatory drug)-induced dyspepsia. In this case, however, the progress notes on file, referenced above, contain no reference to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendation. In this case, the attending provided did not outline for what purpose omeprazole is being employed and/or whether it was effective or not. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does note that proton pump inhibitors, such as omeprazole, are indicated in the treatment of NSAID (non-steroidal anti-inflammatory drug)-induced dyspepsia. In this case, however, the progress notes on file, referenced above, contain no reference to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendation. In this case, the attending provided did not outline for what purpose omeprazole is being employed and/or whether it was effective or not. Therefore, the request is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond the initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, the applicant is off of work, on total temporary disability. Ongoing usage of the TENS unit has failed to curtail the applicant's dependence on oral and topical medications such as fenoprofen, Methoderm, etc. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite prior usage of the TENS unit. Therefore, the request for TENS unit supplies (aka electrodes) is not medically necessary.

Unknown prescription of Glucosamine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine topic Page(s): 50.

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended in the treatment of arthritis and, in particular, knee arthritis, in this case, however, the applicant's primary pain generators are at the low back, shoulder, and/or neck. The attending provider did not specifically allude to the applicant's carrying diagnoses of arthritis about any of the aforementioned body parts. Therefore, the request is not medically necessary.