

Case Number:	CM14-0151178		
Date Assigned:	09/19/2014	Date of Injury:	04/25/2005
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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 Emergency Medicine 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 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 43-year-old male who reported an injury on 04/26/2005. The mechanism of injury was not provided. Diagnoses included lumbar degenerative disc disease and lumbosacral joint ligament sprain. The past medical treatment included medications and TENS unit therapy. Diagnostic testing was not provided. Surgical history was not provided. The injured worker on 08/19/2014 complained of left lower extremity pain. The physical examination revealed decreased range of motion of the lumbar spine. The injured worker's medication regimen was not provided. The treatment plan was for omeprazole 20 mg #60, diclofenac sodium ER 100 mg #60, and TENS patch x2 pairs. The rationale for the request was not submitted. The Request for Authorization form was submitted on 08/19/2014.

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 NSAIDs GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI use with NSAIDs Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg #60 is not medically necessary. The documentation indicated the physician recommended NSAID medication for the injured worker. The California MTUS Guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. The injured worker is prescribed an NSAID medication; however, there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Omeprazole 20 mg #60 is not medically necessary.

Diclofenac Sodium ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs), Page(s): 67-72.

Decision rationale: The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There is a lack of documentation indicating the injured worker has been diagnosed with osteoarthritis. There is a lack of documentation of a measured assessment of the injured worker's pain level. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for Diclofenac Sodium ER 100 mg #60 is not medically necessary.

TENS Patch X2 Pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) guidelines Page(s): 114-116.

Decision rationale: The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a 1 month trial the guidelines recommend there must be documentation of pain of at least 3 months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The requesting physician's rationale for the request is not indicated within the provided documentation. There is lack of documentation stating the injured worker has had any significant objective functional improvement using the TENS unit, in order to justify the need for additional supplies. Therefore the request for TENS Patch x2 Pairs is not medically necessary.