MAXIMUS Federal Services

Case Number:	CM14-0156783		
Date Assigned:	09/26/2014	Date of Injury:	11/17/1997
Decision Date:	11/14/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/24/2014

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:

According to the records made available for review, this is a 54-year-old female with a 11/17/97 date of injury. At the time (7/24/14) of request for authorization for Prime dual stimulators TENS unit, Condrolite 500/200/150, one-three (1-3) times daily #150, and Prilosec 20mg BID #60, there is documentation of subjective (neck pain with radicular symptoms to bilateral upper extremities associated with numbness and tingling in the bilateral hands) and objective (decreased cervical range of motion with pain, positive Tinel's sign, positive Phalen's test, and tenderness over the paracervical spine and trapezius muscle) findings, current diagnoses (cervical spine discopathy, bilateral carpal tunnel syndrome, and bilateral cubital tunnel syndrome), and treatment to date (medications including Motrin)). Medical report identifies that the requested TENs unit is to enhance pain relief, help restore function, and aid with medication compliance. Regarding TENS unit, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. Regarding Condrolite, there is no documentation of moderate arthritis pain of the knee. Regarding Prilosec, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime dual stimulators TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, bilateral carpal tunnel syndrome, and bilateral cubital tunnel syndrome. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (medications) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. In addition, despite documentation that the requested TENs unit is to enhance pain relief, help restore function, and aid with medication compliance, and given the absence of a time framework for the request, there is no documentation of short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for Prime dual stimulators TENS unit is not medically necessary.

Condrolite 500/200/150, one-three (1-3) times daily #150: 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 Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: An online search identifies that Condrolite 500/200/150mg is a Medical Nutritional Supplement consisting of a combination of Glucosamine sulfate 500mg, Chondroitin sulfate 200mg, and MSM 150mg. MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, bilateral carpal tunnel syndrome, and bilateral cubital tunnel syndrome. However, there is no documentation of moderate arthritis pain of the knee. Therefore, based on guidelines and a review of the evidence, the request for Condrolite 500/200/150, one-three (1-3) times daily #150 is not medically necessary.

Prilosec 20mg BID #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 NSAIDs, GI symptoms & cardiovascular risk and Other Medical Treatment Guideline or Medical Ev.

Decision based on Non-MTUS Citation ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, bilateral carpal tunnel syndrome, and bilateral cubital tunnel syndrome. However, despite documentation of ongoing use with NSAID, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg BID #60 is not medically necessary.