

<b>Case Number:</b>	CM14-0168214		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back, shoulder, and elbow pain reportedly associated with an industrial injury of March 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; a TENS unit; unspecified amounts of physical therapy; unspecified amounts of cognitive behavioral therapy; and opioid therapy. In a Utilization Review Report dated October 8, 2014, the Claims Administrator failed to approve a request for TENS unit patches, Dendracin, omeprazole, and Tramadol-Acetaminophen, a synthetic opioid. The applicant's attorney subsequently appealed. In a progress note dated September 10, 2014, the applicant reported 5/10 shoulder pain. The applicant was having issues with pain-induced sleep disturbance. The applicant was still using tramadol and Flexeril. Flexeril was apparently generating some drowsiness. The applicant stated that tramadol was attenuating his pain complaints to some extent. The attending provider stated that tramadol was improving the applicant's function but did not elaborate on the nature of the same. It was stated that the applicant was already permanent and stationary. The applicant was asked to obtain cognitive behavioral therapy. Dendracin, Omeprazole, and TENS unit patches were renewed. The applicant did not appear to be working with permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS PATCH X 2 PAIRS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, the usage of a TENS unit and/or provision of associated supplies beyond that initial one month trial should be predicated on evidence of favorable outcome during said one month trial, in terms of both pain relief and function. In this case, however, the TENS unit had failed to generate requisite improvements in the pain and/or function. The applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit, despite ongoing usage of the TENS unit. Ongoing usage of the TENS unit has failed to curtail the applicant's dependence on opioid medications, such as Ultracet. All of the foregoing, taken together, suggest a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of the TENS unit. Therefore, the request for the TENS patches is not medically necessary.

**DENDRACIN CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agents and topical compounds such as Dendracin "are not recommended" in the chronic pain context present here. In this case, there is, furthermore, no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of Dendracin. Therefore, the request is not medically necessary.

**OMEPRAZOLE 20MG, QTY. 60:** 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)

**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 acknowledge that proton-pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, there is no mention that the applicant is having any active symptoms of reflux, heartburn, and/or dyspepsia on the September 10, 2014 progress note. In fact, the applicant specifically denied any medication side effects on that date. The applicant

does not appear to be taking NSAIDs, it is incidentally noted. 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 recommendations. In this case, it has not been clearly stated for what purpose omeprazole is being employed and/or whether or not it has been effective. Therefore, the request is not medically necessary.

**TRAMADOL HCL/APAP 37.5325MG, QTY. 90:** 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 Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol-acetaminophen usage. Therefore, the request is not medically necessary.