

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0033465 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/19/2000 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 Anesthesiology, has a subspecialty in Pain 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 56 year old female who reported an injury to her low back 01/19/2000. The MRI of the lumbar spine dated 06/16/14 revealed a previous decompression and fusion with pedicle screws and a fusion rod from L3 to L5. A three millimeter retrolisthesis was identified at L3 on L4. The clinical note dated 07/10/13 indicates the injured worker utilizing Lidoderm patches, Naproxen, Nucynta, and Prevacid for pain relief. The note also indicates the injured worker having previously utilized a Transcutaneous Electrical Nerve Stimulation (TENS) unit which did provide 60% relief of pain. Upon exam, tenderness was identified at L3 through L5. Sensation deficits were identified in the calf muscles. Weakness was also identified in the calf and thighs. The note indicates the injured worker having complaints of uncontrollable pain. The use of Butrans patches provided no significant benefit. The injured worker was recommended for a trial of Percocet. The clinical note dated 09/06/13 indicates the injured worker rating the pain as 7-8/10. The MRI of the lumbar spine dated 10/16/13 revealed critical stenosis at L3-4. This was identified as being related to the degenerative changes. A large left lateral disc protrusion was also identified obliterating the left neuroforamen and most likely causing radiculopathy at the left L3 nerve root. Degenerative changes were also identified at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for Prilosec 40mg #30 is not medically necessary. The documentation indicates the injured worker complaining of low back pain. There is an indication the injured worker's low back pain is being addressed with the use of opioid therapy. The use of proton pump inhibitors to include Prilosec is indicated for injured workers who have been identified as being at risk for gastrointestinal events. No information was submitted regarding the injured worker's gastrointestinal (GI) upset. Additionally, no information was submitted regarding the injured worker's complaints of constipation or diarrhea. Given these factors, the request is not indicated as medically necessary.

Transcutaneous electrical nerve stimulator (TENS): Upheld

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

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

Decision rationale: The request for a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary. There is an indication in the clinical notes regarding the injured worker's previous use of a TENS unit with a 60% reduction in pain. The continued use of a TENS unit is indicated for injured workers who have demonstrated an objective functional improvement. No objective data was submitted regarding the injured worker's positive response with the use of the TENS unit. Given these factors, this request is not indicated as medically necessary.