

Case Number:	CM14-0056489		
Date Assigned:	07/09/2014	Date of Injury:	11/29/2010
Decision Date:	08/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/26/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 33-year-old male with a date of injury of 11/29/2010. The listed diagnoses per [REDACTED] are: 1. Lumbar degenerative disk disease; 2. Lumbar spinal stenosis; 3. Lumbosacral or thoracic neuritis; 4. Myofascial pain. According to progress report 04/12/2014 by [REDACTED], the patient continues with pain in the lower back with radiation to the right greater than left leg. The patient is using a TENS unit and medication to control his pain. The patient reports naproxen and LidoPro ointment are helpful for managing his pain about 40 to 50% and maintain his ADLs. Treater notes stomach is better with omeprazole 20 mg. He takes omeprazole 20 mg for prophylactic gastritis from NSAID. Examination revealed positive tenderness on palpation over the lumbar spine and facet joints. Treater is requesting refill of medication including naproxen 550 mg, omeprazole 20 mg, Mentherm for topical analgesic, sertraline 50 mg, and TENS patches (2 pairs). Utilization review denied the request for omeprazole, Mentherm, and TENS patches on 04/22/2014.

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 ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with continued low back pain with radiation to the right greater than left leg. The treating physician is requesting a refill of omeprazole for prophylactic gastritis from NSAID. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. On 04/12/2014, ■■■ reported the patient's stomach is better with omeprazole 20 mg, but does not document dyspepsia or any GI issues in this patient. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.

Menthoderm 120mg 4oz: 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 Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with continued low back pain with radiation to the right greater than left leg. The treating physician is requesting Methoderm 120mg 4oz. Methoderm contains menthol and methyl salicylate, an NSAID. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. Medical records provided for review does not indicate the patient has any peripheral joint arthritis or tendinitis. This medication is not indicated for myofascial pain. The request is not medically necessary.

TENS patches (2 pairs): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation; Criteria for the use of TENS Page(s): 114; 114-116; 116.

Decision rationale: This patient presents with continued low back pain with radiation to the right greater than left leg. The treating physician is requesting TENS patches 2 pairs. Utilization review denied the request stating, guidelines require documentation of failed pain medications and patient on follow up noted pain was controlled with medication. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. Progress reports indicate the patient uses a TENS unit to control his neuropathic pain. Patient also

reported a decrease in medication intake with the use of the TENS unit. The patient meets the indications for a TENS unit. The requested patches (2 pairs) is medically necessary.