

<b>Case Number:</b>	CM14-0061810		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/07/2000
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is 65 year old male with a date of injury on 2/07/2000. Diagnoses include chronic low and mid back pain with sciatica, thoracic spine pain, and cervical disc degeneration. Subjective complaints are of ongoing pain in the mid and upper back. Physical exam shows cervical spine tenderness and spasm, and decreased range of motion. Exam of the mid and lower back shows tenderness and spasm. Neurological exam of the upper and lower extremities was intact. Medications include Prilosec, Norco, Restoril, and Soma. Prior treatment has included use of a traction unit. Request is for Prilosec, and a two month rental of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit trial x 2 months with supplies:** 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 TENS Page(s): 114-122.

**Decision rationale:** CA MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, a two

month trial of a TENS unit is requested. Therefore, a two month TENS trial exceeds guideline recommendations, and the medical necessity is not established at this time.

**Prilosec for GI upset:** 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 NSAIDS/GI RISK Page(s): 68-69.

**Decision rationale:** According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not on chronic NSAID therapy, and previous or current GI complaints are not specifically documented. Therefore, the medical necessity of Prilosec is not established.