

Case Number:	CM14-0194713		
Date Assigned:	12/02/2014	Date of Injury:	02/02/2000
Decision Date:	01/21/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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 pain syndrome reportedly associated with an industrial injury of February 2, 2000. In a Utilization Review Report dated November 11, 2014, the claims administrator failed to approve requests for Motrin, Prilosec, and TENS unit pads while approving a request for Trazodone (Desyrel). The claims administrator stated that its decision was based on an October 28, 2014 progress note. On said October 28, 2014 progress note, the applicant reported ongoing complaints of knee pain, bilateral shoulder pain, and low back pain. The applicant was given a two-month supply of Norco, Motrin, Prilosec, and Desyrel. TENS unit electrodes were sought. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. The attending provider stated that the applicant's medications were helping but did not elaborate or expound upon the same. It was not stated for what purpose the applicant was employing Prilosec. In an RFA form dated November 4, 2014, however, the applicant was described as 61 years of age. On a September 2, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant reported that his pain complaints were 4/10 without medications versus 1/10 with medications. The attending provider state that the applicant's ability to stand, walk, cook, clean, and self-hygiene had all been ameliorated as a result of ongoing medication consumption. The applicant's ability to walk and cycle had both been ameliorated as a result ongoing medication consumption, the attending provider stated. The applicant was performing exercises on a reportedly consistent basis. Motrin, Norco, Desyrel, and Prilosec were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic knee pain reportedly present here. The attending provider has seemingly suggested that the applicant is deriving appropriate analgesia with ongoing ibuprofen usage and, furthermore, has suggested that the applicant's ability to perform home exercises has reportedly been ameliorated as a result of ongoing medication consumption. Continuing the same, on balance, was/is indicated. Therefore, the request is medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68-69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the information on file did not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia for which ongoing usage of Prilosec would have been indicated. It is further noted that the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant is not using multiple NSAIDs, the applicant does not have a history of prior GI bleeding and/or peptic ulcer disease, the applicant is not using NSAIDs in conjunction with aspirin, the applicant is not using NSAIDs in conjunction with corticosteroids, and the applicant is not an individual using NSAIDs who is greater than 65 years of age (age 51). Therefore, the request is not medically necessary.

TENS unit pads (1 package): Upheld

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

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

Decision rationale: The TENS unit pads were dispensed on October 28, 2014. The applicant had apparently used a TENS unit. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial period should be predicated on evidence of a favorable outcome effected through usage of the TENS unit, in terms of both pain relief and function. Here, the attending provider did not clearly outline how (or if) ongoing usage of a TENS unit was or was not beneficial. While the attending provider stated that the applicant's medications, including Norco, Motrin, Desyrel, etc. were all proving beneficial, there was no such commentary present insofar as the TENS unit was concerned. While the attending provider explicitly stated that medications were generating analgesia and improving the applicant's ability to perform home exercises, it did not appear that the TENS unit was generating similar benefit. The TENS unit did not seemingly diminish the applicant's consumption of Norco, which the applicant was reportedly using at a rate of four to five times daily. It does not appear, in short, that ongoing usage of the TENS unit was generating appropriate benefit. Therefore, the TENS unit pads are not medically necessary.