

Case Number:	CM14-0203805		
Date Assigned:	12/16/2014	Date of Injury:	10/10/2011
Decision Date:	02/05/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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 Medicine Rehabilitation, has a subspecialty in Pain 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 injured worker is a 34 year-old male with an original date of injury on 10/10/2011. The mechanism of injury was slipping and falling on a wet granite floor and landing on his buttock. The industrially related diagnoses are lumbar spine disc syndrome, radicular neuralgia, lumbar sprain / strain, thoracic sprain / strain, and sacroiliac sprain / strain. The patient has had a MRI of lumbar spine on 5/18/2012 showing L3-L4 2mm circumferential disc bulge, L4-L5 right paracentral annular tear, disc bulge contacting existing L4 nerve root and descending L5 nerve root, L5-S1 3mm posterior disc bulge bordering on a disc extrusion. An electromyogram and nerve conduction study on 5/13/2013 showed S1 radiculopathy. The patient's treatment to date include diclofenac, naproxen, terocin, Gabapentin, omeprazole, lidopro ointment, TENs unit, acupuncture, chiropractic treatment, and transforaminal epidural steroid injection to the lumbar spine. The disputed issues are the request for omeprazole 20mg quantity of 60 tablets, and TENS unit patch 2 pairs. A utilization review dated 11/11/2014 has non-certified these requests. With regards to the request for omeprazole, the utilization review stated even though patient has been taking NSAIDs, there is no documentation of gastrointestinal events and did not have symptom related to gastrointestinal complaints. Therefore, the prescription request for omeprazole is non-certified. With regards to the request for TENs unit, the patient has tried TENs without documentation of any benefit. In addition, there's no indication that other appropriate modalities have failed and if used as an adjunct to a program of evidence based functional restoration. The patient did not meet the guideline criteria for continued use of TENs. Therefore, the patches are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one prescription of Omeprazole 20 mg # 60, DOS 10/24/14:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 OF 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient has been taking omeprazole since 6/2014, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Retrospective request for Two pairs of TENS patches, DOS 10/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 OF 127.

Decision rationale: Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial, however, no such documentation was found. The patient has been using TENS unit since 1/2014 including an initial one month trial, however, there's no documentation on reduction in pain scale or functional improvement. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary. Therefore, the patches for TENS unit are also not medically necessary.