

Case Number:	CM14-0204160		
Date Assigned:	12/16/2014	Date of Injury:	07/23/2008
Decision Date:	02/03/2015	UR Denial Date:	11/07/2014
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 Internal 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 (IW) is a 49-year-old woman with a date of injury of July 23, 2008. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbago; and lumbar region disc disorder. According to documentation, a TENS trial was requested by the primary treating physician on April 14, 2014. There was no documentation of objective functional improvement associated with the use of TENS units. In a QME from July of 2014, the IW reports a history of acid reflux, for which she takes "natural medications". The IW denies a history of ulcers. Pursuant to a progress note dated September 23, 2014, the IW reports she is not taking any medications. She is only using topical creams, which are not helping. She reports her TENS unit is defective and needs to be replaced. She complains of pain in the lumbar spine rated 4/10. The pain is described as achy with radiating pain, right side greater than left. Examination of the lumbar spine reveals tenderness and spasms in the paraspinals bilaterally. Range of motion was normal. The treatment plan recommendation includes request for TENS replacement to include batteries, leads, and electrodes to be used in conjunction with the injured worker's home exercise program. Naproxen 550mg, Omeprazole 20mg, and Tramadol ER 100mg. were prescribed as well. The provider documents the Omeprazole is to be used to protect the stomach and avoid GI upset. The current request is for TENS unit replacement with supplies (batteries, lead, electors), and Omeprazole 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS unit is not recommended as a primary treatment modality for one month home-based tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The criteria for TENS use include, but are not limited to, a one month trial, should be documented with documentation of how often the unit was used and outcomes in terms of pain relief and function; a treatment plan with specific short and long-term goals; other ongoing treatment should be documented; other appropriate pain modalities have been tried and failed; etc. See guidelines for additional details. In this case, the injured worker's working diagnoses are lumbago; and lumbar region disc disorder. The treating physician indicates in the documentation the injured worker at a TENS trial on April 13th 2014. There is no documentation in the medical record to support the TENS trial. There is no documentation in the medical record indicating objective functional improvement from April 13, 2014 through September 23, 2014. On September 23, 2014. The injured worker/treating physician indicated the TENS unit was defective. The treating physician would request a new unit. The documentation does not contain evidence of the one-month trial, how open the unit was used an outcome in terms of pain relief and function. There was no treatment plan with specific short and long-term goals. There is no documentation of ongoing-based functional restoration including a reduction in medication usage. Consequently, the documentation does not contain the criteria for TENS use and absent that clinical documentation, tens unit is not medically necessary.

TENS Unit supplies (batteries, leads, electrodes): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit supplies (batteries, leads, electrodes) is not medically necessary. TENS unit is not recommended as a primary treatment modality for one month home-based tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The criteria for TENS use include, but are not limited to, a one month trial, should be documented with documentation of how often the unit was used and outcomes in terms of pain relief and

function; a treatment plan with specific short and long-term goals; other ongoing treatment should be documented; other appropriate pain modalities have been tried and failed; etc. See guidelines for additional details. In this case, the injured worker's working diagnoses are lumbago; and lumbar region disc disorder. The treating physician indicates in the documentation the injured worker at a TENS trial on April 13th 2014. There is no documentation in the medical record to support the TENS trial. There is no documentation in the medical record indicating objective functional improvement from April 13, 2014 through September 23, 2014. On September 23, 2014. The injured worker/treating physician indicated the TENS unit was defective. The treating physician would request a new unit. The documentation does not contain evidence of the one-month trial, how often the unit was used or an outcome in terms of pain relief and function. There was no treatment plan with specific short and long-term goals. There is no documentation of ongoing-based functional restoration including a reduction in medication usage. Consequently, the documentation does not contain the criteria for TENS use and absent that clinical documentation, TENS unit supplies (batteries, leads, of electrodes) is not medically necessary.

Omeprazole 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, NSAI and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #90 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin, corticosteroids; high-dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker has a history of lumbago and lumbar region disc disorder. The injured worker states she has a history of reflux disease and takes natural remedies. On September 23, 2014 the treating physician started Naprosyn, tramadol and omeprazole. It appears Omeprazole is clinically indicated based on the history of gastroesophageal reflux disease and the presence of Naprosyn (a non-steroidal anti-inflammatory drug). However, #90 quantity is not medically necessary. The utilization review indicates a modification to #60 quantity. Consequently, Omeprazole 20 mg #90 is not medically necessary.