

<b>Case Number:</b>	CM15-0000309		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old male, who sustained an industrial injury on 3/29/2013. The diagnoses have included knee pain, lower back pain, cervicgia/neck pain, shoulder pain and Superior Labrum Anterior and Posterior (SLAP) tear. Treatment to date has included ultrasound, pain medications, nonsteroidal anti-inflammatory drugs, topical analgesic, and acupuncture. Per the PR2 from 12/15/2014, the injured worker complained of continued pain in his low back, neck, right/left knee, left shoulder and left wrist. He also reported numbness in his left upper extremity. Medications helped with pain about 30-40%. Gastrointestinal upset was controlled with the use of omeprazole. Physical exam revealed tenderness to palpation of the medial aspect of the right knee and in lumbar and cervical paraspinal muscles. The physician treatment plan was for a heating pad and physical therapy. Work status was to return to modified work with restrictions. Authorization was requested for Fenoprofen 400mg 1 by mouth twice a day, Omeprazole 20mg 1 by mouth twice a day, Gabapentin 300mg 1 by mouth twice a day and Tenspatch x 2 pair. The PR2 from 12/2/2014 documented that the injured worker had sufficient Transcutaneous Electrical Nerve Stimulation (TENS) patches. The effectiveness of the TENS unit was not documented. On 12/30/2014, Utilization Review (UR) non-certified a request for Transcutaneous Electrical Nerve Stimulation (TENS) Patch QTY 2, noting that the physician reported on 12/2/2014 that the injured worker had sufficient TENS patches and the rationale of the request for additional patches was not provided in any subsequent report. UR also noted that there had been no documentation of benefit from the use of the TENS unit. Utilization Review modified a request for Omeprazole 20mg QTY 60 to Omeprazole 20mg QTY 30, noting that the

Omeprazole had been provided to prevent gastrointestinal complications from the use of nonsteroidal anti-inflammatory drugs; however the recommended dosage is 20mg daily, not the 40mg as requested. MTUS guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Omeprazole 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines Treatment in Workers Compensation, 5th Edition, 2007, Weaning, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68. Decision based on Non-MTUS Citation FDA Approved Labeling Information

**Decision rationale:** A prior review recommended non-certification of this request because the recommended dosage is 20mg daily rather than 40mg daily as requested. However, 40mg per day is within the FDA-permitted dosing guidelines for Omeprazole; the function of a utilization review is to determine medical necessity but not do direct the dosage of a medication. Therefore the original request is medically necessary.

#### **TENS patch #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines Treatment in Workers Compensation, 5th Edition, 2007, Pain, Weaning, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain Page(s): 114.

**Decision rationale:** MTUS supports TENS for neuropathic pain diagnoses; the records do not clearly document a neuropathic diagnosis in this case. Moreover the records indicate that the patient has sufficient TENS patches on hands and thus the rationale for additional TENS pads/patches is not apparent. For these reasons this request is not medically necessary.