

<b>Case Number:</b>	CM15-0002871		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: 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 42-year-old male who reported an injury on 03/06/2013. The injured worker reportedly sustained a low back strain while climbing a ladder. The current diagnoses include chronic low back pain, lumbar degenerative disc disease, and left radiculopathy. The injured worker presented on 12/29/2014 with complaints of 8/10 ongoing lower back pain with radiation into the left lower extremity causing numbness and tingling. The injured worker was utilizing a TENS unit and performing a home exercise program. The injured worker was also utilizing naproxen 550 mg, omeprazole 20 mg, gabapentin 200 mg, and cyclobenzaprine. Upon examination, there was tenderness to palpation, flexion to the mid thigh, facet joint tenderness at L4-S1, and decreased sensation in the L4-S1 dermatomes on the left. Recommendations included continuation of the current medication regimen as well as the home exercise program and TENS therapy. A previous Request for Authorization form had been submitted on 11/26/2014; however, there was no documentation of a physician's progress report by the requesting physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Pa.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no documentation of a failure of other appropriate pain modalities including medications. The injured worker had continuously utilized a TENS unit; however, there was no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Given the above, a unit purchase would not be supported in this case. As such, the request is not medically necessary.

**Omperazole 20mg QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Cyclobenzaprine 7.5mg QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized cyclobenzaprine 7.5 mg. The guidelines do not recommend long term use of muscle relaxants. There was also no documentation of palpable muscle spasm or spasticity upon examination. There was no frequency listed in the request. Given the above, the request is not medically appropriate.