

Case Number:	CM15-0180161		
Date Assigned:	09/22/2015	Date of Injury:	03/26/2014
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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: Preventive Medicine, Occupational Medicine

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 female who sustained an industrial injury on 03-26-2014. Diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, and myofascial pain, and sleep problems. In a physician note dated 08-10-2015 the injured worker complains of increased lower back pain and leg pain. Her medications help with her pain and with ADL, and functionality. A physician progress note dated 08-07-2015 documents the injured worker complains of lower back pain that she rates as 9 out of 10 in severity. She states she is out of Norco for her severe pain. She states Toradol injections help. She is to continue with her home exercise program, use of her Transcutaneous Electrical Nerve Stimulation unit, ice, and heat, and she was given a script for Norco for the severe pain. A physician note dated 07-31-2015 documents the injured worker is reporting low back pain with worsening tingling and numbness down both lower extremities. She appears to be in moderate discomfort. On 07-10-2015 she was having an acute flare in her lower back. She was given a Toradol injection for the acute pain flare. She was given a script for Norco, Lidoderm patches and was dispensed Flexeril. On 05-08-2015 she was dispensed Lidopro and Naproxen. Treatment to date has included diagnostic studies, medications, lumbar support, and acupuncture. An Electromyography and Nerve Conduction Velocity study of her lower extremities done on 06-24-2015 showed evidence that would be most consistent with a bilateral lumbar radiculopathy. On the left the involved nerve root would appear to be both the L5 and S1. On the right the involved nerve root would appear to be the L5. Several documents within the submitted medical records are difficult to decipher. On 08-10-2015 the Request for Authorization was for Functional capacity evaluation, Naproxen Sodium 550mg #60 (05-08-2015), Lidopro cream (since at least 03-06-2015), and Omeprazole 20mg #60. On 08-25-2015 the Utilization Review non-certified the request for 2 pairs of TENS unit electrodes, a Functional capacity evaluation, Naproxen sodium 550mg #60 and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. The patient reported a worsening in her symptoms after the use of Naproxen Sodium. Naproxen Sodium 550mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #60 is not medically necessary.

2 pairs of TENS unit electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that a trial period with a rented TENS unit has been completed, but there was no note of any functional improvement as a result of its use. 2 pairs of TENS unit electrodes is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues, and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional capacity evaluation is not medically necessary.