MAXIMUS Federal Services

Case Number:	CM15-0186046		
Date Assigned:	09/28/2015	Date of Injury:	11/14/2013
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, 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 applicant is a [redacted] employee who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of November 14, 2013. In a utilization review report dated September 11, 2015, the claims administrator failed to approve a request for Motrin, Prilosec, and a four-modality interferential stimulator device. The claims administrator referenced progress notes and RFA forms of June 12, 2015 and July 31, 2015 in its determination. The applicant's attorney subsequently appealed. On July 31, 2015, the applicant reported ongoing complaints of neck, low back, and wrist pain with derivative complaints of anxiety, depression, and insomnia. Motrin, Prilosec, and the four-modality interferential stimulator device in question were endorsed. The applicant was given work restrictions. The applicant had received 27 sessions of physical therapy, 14 sessions of manipulative therapy, and 22 sessions of acupuncture at this particular facility, it was reported. It was not clearly stated whether the applicant was or was not working with limitations in place on this date. A paraffin bath device was also sought. On June 12, 2015, the attending provider again endorsed the interferential stimulator device in question in conjunction with the paraffin bath device. Neck and back pain with derivative complaints of depression, anxiety, and insomnia were reported. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg twice a day for pain with food quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the August 27, 2015 progress note failed to incorporate any seeming discussion of medication efficacy. It was not clearly stated whether the applicant was or was not working with restrictions in place on that date. An earlier progress note of June 12, 2015 likewise failed to incorporate any seeming discussion of medication efficacy. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20(e) with ongoing Motrin usage was not established. Therefore, the request was not medically necessary.

Omeprazole 20mg twice a day for GI problems quantity 60: Overturned

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: Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for development of GI complications with NSAID usage who, by implication, qualified for prophylactic usage of proton pump inhibitors include those individuals who are 65 years of age or greater who are using NSAIDs. Here, the applicant was 69 years of age and using Motrin, an NSAID. Concomitant provision of omeprazole (Prilosec) for a cytoprotective effect was, thus, indicated. Therefore, the request was medically necessary.

Interferential Unit for home use for pain symptoms: 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): Physical Medicine, Transcutaneous electrotherapy.

Decision rationale: Finally, the request for an interferential unit for home use [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential stimulator device should be purchased only in applicants who have previously undergone a successful one-month trial of the same, with evidence of a favorable outcome present in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, it appeared the attending provider prescribed and/or dispensed the device in question without having the applicant first undergo a one-month trial of the same. The request, thus, as written, was at odds with both page 120 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, the attending provider sought concomitant authorization for two separate passive modalities, an interferential unit and a paraffin bath device. The concurrent requests, thus, were at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.