

<b>Case Number:</b>	CM15-0191034		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained an industrial injury on April 23, 2014. The injured worker was diagnosed as having cervicogenic strain, cervical radiculitis, lumbar discogenic disease at L4-L5 and L5-S1 levels, lumbar facet disease, bilateral S1 radiculopathy and L5-S1 grade I spondylolisthesis. Treatment to date has included diagnostic studies, medication, functional capacity evaluation, acupuncture without benefit, physical therapy without benefit and chiropractic treatment without benefit. On August 14, 2015, the injured worker complained of frequent pain in the lumbar spine rated a 3-7 on a 1-10 pain scale. The pain was noted to radiate to the lateral aspects of the bilateral calves to the dorsum aspects of the bilateral feet. He reported frequent numbness and tingling to the lateral aspects of the legs and soles of the bilateral feet along with bilateral lower extremity weakness. Omeprazole was noted to control his gastritis and GERD symptoms. The treatment plan included ibuprofen, omeprazole and Transcutaneous Electrical Nerve Stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg, twice a day, #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in April 2014 while working as a janitor. In July 2015 he had been diagnosed with mixed anxiety and depression. Treatments have included acupuncture without benefit and he had increased pain with physical therapy. Ibuprofen was being prescribed and Omeprazole was prescribed as the claimant had developed increased gastritis and gastroesophageal reflux disease symptoms. When seen, acupuncture was helping with anxiety. Six more treatments were pending. Omeprazole was controlling symptoms of gastritis and reflux. He had lumbosacral pain rated at 3-7/10. He was having pain into his feet and calves and felt his lower extremities were weak. He declined use of a cane. Imaging results were reviewed. No physical examination was recorded. Medications were refilled. Authorization for trial of a neurostimulator was requested. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations. This medication has been prescribed Ongoing prescribing is considered medically necessary.

**Omeprazole 20mg, twice a day #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and 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:** The claimant sustained a work injury in April 2014 while working as a janitor. In July 2015 he had been diagnosed with mixed anxiety and depression. Treatments have included acupuncture without benefit and he had increased pain with physical therapy. Ibuprofen was being prescribed and Omeprazole was prescribed as the claimant had developed increased gastritis and gastroesophageal reflux disease symptoms. When seen, acupuncture was helping with anxiety. Six more treatments were pending. Omeprazole was controlling symptoms of gastritis and reflux. He had lumbosacral pain rated at 3-7/10. He was having pain into his feet and calves and felt his lower extremities were weak. He declined use of a cane. Imaging results were reviewed. No physical examination was recorded. Medications were refilled. Authorization for trial of a neurostimulator was requested. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take ibuprofen at the recommended dose and has a history of gastrointestinal upset which is being effectively controlled with Omeprazole. Ongoing prescribing is medically necessary.

## **One month home based trial of Neurostimulator TENS-EMS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in April 2014 while working as a janitor. In July 2015 he had been diagnosed with mixed anxiety and depression. Treatments have included acupuncture without benefit and he had increased pain with physical therapy. Ibuprofen was being prescribed and Omeprazole was prescribed as the claimant had developed increased gastritis and gastroesophageal reflux disease symptoms. When seen, acupuncture was helping with anxiety. Six more treatments were pending. Omeprazole was controlling symptoms of gastritis and reflux. He had lumbosacral pain rated at 3-7/10. He was having pain into his feet and calves and felt his lower extremities were weak. He declined use of a cane. Imaging results were reviewed. No physical examination was recorded. Medications were refilled. Authorization for trial of a neurostimulator was requested. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. A combined TENS/EMS unit is not medically necessary for either a trial or for indefinite use.