

Case Number:	CM15-0197623		
Date Assigned:	10/13/2015	Date of Injury:	01/28/2013
Decision Date:	12/07/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 65 year old male, who sustained an industrial injury on January 28, 2013. He reported a sudden onset of pain in his right shoulder. The injured worker was currently diagnosed as having bilateral shoulder sprain and strain, tendinitis bilateral shoulder, cervical sprain and strain neck, shoulder impingement, cervical radiculitis and chronic pain syndrome. Treatment to date has included diagnostic studies, medications, massage, chiropractic treatment, physical therapy, cortisone injection, Transcutaneous Electrical Nerve Stimulation (TENS) unit and exercise. On September 22, 2015, the injured worker complained of bilateral shoulder pain rated a 6 on a 1-10 pain scale. There is frequent radiation of the pain to the bilateral upper extremities with cramping in the hands bilaterally and numbness and tingling to the fingers. He also reported neck and upper back pain rated a 6 on the pain scale. With use of current medications, massage, TENS unit and exercise, the pain decreases to a 4 on the pain scale. The treatment plan included an orthopedic consultation for the shoulder, continuation of medication, exercises, TENS, chiropractic treatment and follow-up visits. On September 30, 2015, utilization review denied a request for Naproxen 550mg #60, Omeprazole 20mg #60, TENS unit for pain control and TENS patches times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit: Overturned

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

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 noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for TENS unit purchase following a successful one-month trial of a rental TENS unit. Patient reported significant functional improvement with the continued use of the TENS unit. I am reversing the previous utilization review decision. TENS (Transcutaneous Electrical Nerve Stimulation) unit is medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) patches, quantity; 2: Overturned

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

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 noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for TENS unit purchase following a successful one-month trial of a rental TENS unit. Patient reported significant functional improvement with the continued use of the TENS unit. I am reversing the previous utilization review decision. TENS (Transcutaneous Electrical Nerve Stimulation) patches, quantity; 2 are medically necessary.

Naproxen 550mg #60 dispensed on 09/22/15: Overturned

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

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. The patient reported significant functional

improvement and pain relief with the use of Naproxen. I am reversing the previous utilization review decision. Naproxen 550mg #60 dispensed on 09/22/15 is medically necessary.

Omeprazole 20mg #60 dispensed on 09/22/15: Overturned

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

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 anticoagulant; or (4) high dose/multiple NSAID. There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. I am reversing the previous utilization review decision. Omeprazole 20mg #60 dispensed on 09/22/15 is medically necessary.