

<b>Case Number:</b>	CM15-0202042		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	08/19/1998
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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 58 year-old injured worker sustained an injury in 8/19/1998 and was diagnosed as having cervical spondylosis, cervical facet disease, bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral de Quervain's tendosynovitis, failed back surgery syndrome, lumbar radiculitis, and bilateral knee arthropathy. Treatment to date has included medication, surgery (three level fusion lumbar spine and SCS (spinal cord stimulator) implant, right total knee replacement), and physical therapy. Currently, the injured worker complains of severe pain and spasm in the cervical spine with referred pain into the occipital and upper thoracic regions along with severe bilateral shoulder and wrist pain, which was chronic and intractable. There was pain in the lumbar spine radiating into the bilateral lower extremities along with bilateral knee pain. There was sleep disturbance, repeated falls and weight gain. She had recently had a right total knee replacement and is benefitting from physical therapy. Per the primary physician's progress report (PR-2) on 9-18-15, range of motion and strength was normal to both lower extremities, sensation is intact, 2+ reflexes in the patellae and Achilles, and negative straight leg raise. X-ray demonstrates right knee implant is in place. Current plan of care includes continuing physical therapy, refer care to pain management doctor for cord stimulator management, battery refill on cord stimulator, and Omeprazole for gastritis from chronic anti-inflammatory use. The Request for Authorization requested service to include Omeprazole 20mg #60, 1 bed wedge, and 1 replacement of batteries and electrodes for tens (transcutaneous electrical nerve stimulation) unit. The Utilization Review on 10-13-15 denied the request for Omeprazole 20mg #60, 1 bed wedge, and 1 replacement of batteries and electrodes for tens (transcutaneous electrical nerve

stimulation) unit, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20mg #60:** Upheld

**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:** Review indicates the patient has discontinued use of NSAIDs prior to 2014 without current symptom complaints or clinical findings to support the continued use of Omeprazole. Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole 20mg #60 is not medically necessary and appropriate.

**1 bed wedge:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Mattress selection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.aetna.com/cpb/medical](http://www.aetna.com/cpb/medical) Clinical Policy Bulletin: Pillows and Cushions, Number: 0456 Policy.

**Decision rationale:** Although MTUS, ACOEM, ODG Guidelines do not specifically address or have recommendations for this DME car seat cushion, other guidelines such as Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease

or injury. It further states that cushions may be covered if it is an integral part of, or a medically necessary accessory to, covered DME. For example, Wheelchairs and Power Operated Vehicles (Scooters); thereby wheelchair seat cushions are covered to prevent or treat severe burns or decubiti. Certain specialized support surfaces may be covered when medically necessary to prevent or treat decubitus ulcers. A number of specialized pillows and cushions have been used for cushioning and positioning in the treatment of decubiti, burns, musculoskeletal injuries and other medical conditions; however, generally, pillows and cushions are not covered, regardless of medical necessity, because they do not meet the definition of covered durable medical equipment, in that pillows and cushions are not made to withstand prolonged use and are not primarily medical in nature, as they are normally used by persons who do not have a disease or injury. These criteria are not met for this chronic 1998 injury whereby the patient is not bedridden or has sustained documented pressure ulcers to support for the bed wedge. The 1 bed wedge is not medically necessary and appropriate.

**1 replacement of batteries and electrodes for tens unit: Upheld**

**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:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is utilized, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for the replacement with accessories. The 1 replacement of batteries and electrodes for tens unit is not medically necessary and appropriate.