

Case Number:	CM15-0031441		
Date Assigned:	02/24/2015	Date of Injury:	07/26/2012
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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 represented 26-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 26, 2012. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve requests for TENS unit patches and omeprazole. A January 7, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On September 20, 2014, the applicant reported persistent complaints of low back pain. The applicant was using fenoprofen and Prilosec. 8-9/10 low back pain complaints were appreciated. It was stated that the applicant was working full time with a rather permissive 25-pound lifting limitation in place. On January 7, 2015, Neurontin, naproxen, TENS unit patches, and omeprazole were endorsed. In an associated progress note of January 7, 2015, the applicant again reported persistent complaints of low back pain. It was stated that the applicant's TENS unit and/or medications were generating appropriate analgesia. Neurontin was employed on a trial basis. There was no mention of any issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); TENS, Chronic Pain; Transcutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Yes, the request for TENS unit patches was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial of the same should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant has returned to and/or maintained full-time work status, the treating provider has contended, with the TENS unit. The applicant is apparently using non-opioid medications such as naproxen and Neurontin exclusively. It does appear, on balance, that the applicant has demonstrated functional improvement as defined in MTUS 9792.20f with ongoing usage of the TENS unit. Therefore, the request for provision of associated supplies in the form of the patches at issues was indicated. Therefore, the request was medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI, Cardiovascular Risk Factors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for omeprazole (Prilosec), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in multiple progress notes on file, including on the January 7, 2015 progress note at issue. Therefore, the request was not medically necessary.