

Case Number:	CM15-0035044		
Date Assigned:	03/03/2015	Date of Injury:	09/06/2013
Decision Date:	04/21/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/24/2015

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, Arizona

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 injured worker is a 46-year-old male who reported an injury on 09/06/2013. The mechanism of injury involved heavy lifting. The current diagnoses include low back pain, lumbosacral or thoracic neuritis or radiculitis, pain in the lower extremity, depression, and insomnia. The injured worker presented on 03/07/2015 for a follow-up evaluation with complaints of 8/10 low back pain with radiation into the left lower extremity. The injured worker utilizes a home exercise program, as well as a TENS unit. Upon examination, there was an antalgic gait with positive straight leg raise and tenderness over the left lower lumbosacral joints. Recommendations included continuation of the current medication regimen, as well as the home exercise program and TENS therapy. A gym membership and a work hardening program were also recommended. The injured worker was pending authorization for a psychology evaluation with a trial of cognitive behavioral therapy. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1-month home based trial may be considered as a noninvasive conservative option. A 1-month trial should be documented with evidence of how often the unit is used, as well as outcomes in terms of pain relief and function. In this case, the injured worker has continuously utilized a TENS unit for an unknown duration. There was no documentation of objective functional improvement. Despite the ongoing use of this device, the injured worker continues to present with complaints of 8/10 pain with radiating symptoms. Given the above, the request is not medically appropriate.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for the requested medication has not been established. The guidelines do not support long-term use of muscle relaxants. There was no frequency listed in the request. As such, the request is not medically appropriate.