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| Case Number: | CM15-0089060 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 04/05/1993 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 75 year old male who sustained an industrial injury on April 5, 1993. Previous treatment includes lumbar foraminotomy and discectomy, MRI of the lumbar spine, and medications. Currently the injured worker complains of low back pain. He reports that his use of Non-steroidal anti-inflammatory medications is effective and he utilizes omeprazole due to the associated gastritis. On physical examination, active voluntary range of motion of the thoracolumbar spine was limited and a straight leg raise test was negative. Motor examination was normal in all major muscle groups of the lower extremities and sensory examination was normal to light touch. Diagnoses associated with the request include degenerative disc disease, sciatica, lumbar sprain and lumbar spinal stenosis. The treatment plan includes continued omeprazole, Deltasone Dosepak and TENS unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deltasone Dosepak 5mg quantity 21: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Corticosteroids.

Decision rationale: Pursuant to the Official Disability Guidelines, Deltasone dose pack 5mg #21 is not medically necessary. Oral corticosteroids are not recommended for chronic pain except polymyalgia rheumatica. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their adverse effects, they should be avoided. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; sciatica; spraining ligaments lumbar spine; and spinal stenosis lumbar region. The date of injury was April fifth 1993. The most recent progress note medical record is dated March 10, 2015. The injured worker is doing well but experiences ongoing pain. The report states the injured worker is on high-dose nonsteroidal anti-inflammatory drugs, but the documentation does not enumerate the specific drug. There are no medications listed in the medical record. Additionally, oral corticosteroids are not recommended for chronic pain except polymyalgia rheumatica. There is no documentation of the latter disease. Consequently, absent compelling clinical documentation with a clinical indication and rationale for oral corticosteroids, Deltasone dose pack 5mg #21 is not medically necessary.

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; sciatica; spraining ligaments lumbar spine; and spinal stenosis lumbar region. The date of injury was April 5, 1993. The most recent progress note medical record is dated March 10, 2015. The injured worker is doing well but experiences ongoing pain. The report states the injured worker is on high-dose nonsteroidal anti-inflammatory drugs, but the documentation does not enumerate the specific drug. There are no medications listed in the medical record. The injured worker gives a history of gastritis associated with nonsteroidal anti-inflammatory drugs. The documentation does not provide a specific anti-inflammatory drug. Additionally, Omeprazole is indicated at 20 mg one pill one per day. The treating provider has prescribed omeprazole 20 mg b.i.d. (in the request for authorization). Omeprazole is not clinically indicated b.i.d. Consequently, absent clinical documentation providing specific nonsteroidal anti-inflammatory

drugs with proper dosing of Omeprazole 20 mg one daily, Omeprazole 20 mg #60 is not medically necessary.

TENS unit and supplies (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit and supplies (indefinite use) is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; sciatica; spraining ligaments lumbar spine; and spinal stenosis lumbar region. The date of injury was April 5, 1993. The most recent progress note medical record is dated March 10, 2015. The injured worker is doing well but experiences ongoing pain. There is no documentation in the medical record reflecting the injured worker uses a TENS unit or had a trial of a TENS unit. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as transcutaneous electrical neurostimulation (TENS) units. Consequently, absent clinical documentation documenting TENS use, a clinical trial of TENS use and objective functional improvement with TENS use, TENS unit and supplies (indefinite use) is not medically necessary.