

Case Number:	CM14-0165190		
Date Assigned:	10/10/2014	Date of Injury:	09/13/2000
Decision Date:	11/13/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 13, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical medications; earlier lumbar spine surgery; and muscle relaxants. In a Utilization Review Report dated September 8, 2014, the claims administrator denied a request for transcutaneous electrical nerve stimulation (TENS) unit, denied a request for omeprazole, and partially approved a request for naproxen. The applicant's attorney subsequently appealed. The claims administrator stated that it was basing its decision on an RFA form dated September 3, 2014. On July 29, 2014, the applicant received prescriptions for naproxen and Prilosec. In a progress note of the same date, July 29, 2014, the applicant reported persistent complaints of low back pain. It was stated that the applicant was able to tolerate non-steroidal anti-inflammatory drugs (NSAIDs) as long as used omeprazole with the same. The applicant stated that previous usage of a TENS unit had proven beneficial. The applicant was permanent and stationary. A replacement TENS unit was endorsed. On September 10, 2014, it was noted that the applicant had developed chronic gastritis through years of usage of analgesic medications. The attending provider stated that usage of the TENS unit had reportedly obviated the need for opioid therapy. The applicant's work status was not stated, although it did not appear that the applicant was working. In a physical therapy note dated August 4, 2014, the applicant's therapist stated that the applicant had had good relief of low back pain through usage of a TENS unit in the clinic setting. Purchase of a TENS unit was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, ongoing usage and/or purchase of a TENS unit beyond an initial one-month supply 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. In this case, however, the attending provider has only documented some reduction in pain achieved as a result of usage of the TENS unit. The attending provider has not recounted any material improvements in function achieved as a result of the TENS unit. The applicant is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. It did not appear that earlier usage of the TENS unit has advanced the applicant's activity level and/or generated functional improvement in terms of parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

3 prescriptions Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, as is present here. The applicant has apparently developed chronic gastritis as a result of years of NSAID usage, the attending provider has posited. Symptoms of gastritis and reflux have apparently been attenuated through usage of omeprazole, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

3 prescriptions Naproxen EC 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, given the reports of years of dyspepsia and gastritis with NSAID usage, discontinuation of the offending NSAID, naproxen, appears to be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.