

Case Number:	CM14-0084717		
Date Assigned:	07/21/2014	Date of Injury:	02/03/2004
Decision Date:	10/14/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old female was reportedly injured on 2/3/2004. The previous utilization review references a progress note dated 5/14/2014; however, that note is not available for this independent medical review. The reviewer indicates that the progress note documents ongoing complaints of bilateral shoulder, arm and elbow pain rated 8-10/10 and relieved with acupuncture, transcutaneous electrical nerve stimulation (TENS) and medications. The examination findings indicated bilateral cervical paraspinal, trapezius and shoulder girdle tenderness, and pain in the rotator cuff, biceps tendon and flexor muscles bilaterally. Diagnosis included bilateral shoulder impingement with tendinopathy and acromioclavicular joint arthritis as well as cervical sprain/strain with radiculopathy. No recent diagnostic imaging studies available for review. A request had been made for Valium 10 mg #34, which was not certified in the utilization review on 5/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #34: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Valium; Anxiety Medication for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Valium; treatment of anxiety

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS treatment guidelines do not support benzodiazepines (Valium) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Review of the available medical records, documents chronic upper extremity pain after a work-related injury in 2004. Most guidelines limit use to 4 weeks; therefore, this request is not considered medically necessary.

Protonix 20mg #60: 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) Pain (Chronic), Proton pump inhibitors (PPIs)

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

Decision rationale: The MTUS treatment guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records and the previous utilization review; fail to document any signs or symptoms of GI distress which would require PPI treatment. Given the lack of clinical documentation, this request is not considered medically necessary.

1 TENS Pad: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116.

Decision rationale: The MTUS treatment guidelines recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. No clinical documentation provided to indicate if the TENS unit is being used as a primary treatment modality and/or if a one month trial was performed. As such, TENS unit supplies and pads are not considered medically necessary.