

<b>Case Number:</b>	CM14-0211663		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	11/01/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 37 year old male with an injury date of 11/01/09. Based on the 07/16/14 progress report, the patient complains of low back pain, hernia pain, and knee pain/swelling which he rates as a 7/10. The patient has tenderness to palpation of the lumbar paraspinal musculature. The 09/09/14 report indicates that the patient continues to have hernia pain which increases with activity. He rates his pain as a 5-6/10. The 11/10/14 report states that the patient has left ankle pain and rates his pain as a 6/10. No additional positive exam findings were provided. The patient's diagnoses include the following: 1. s/p pelvic surgery 20092. s/p left ankle surgery 2009. The utilization review determination being challenged is dated 12/01/14. Treatment reports are provided from 04/29/14- 11/10/14. These reports were hand-written and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Electrodes x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

**Decision rationale:** The patient presents with low back pain, hernia pain, and knee pain/swelling. The request is for TENS Unit Electrodes x 2. The patient has tenderness to palpation of the lumbar paraspinal musculature. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. The 11/10/14 report states "continue HEP/TENS/heat therapy." In this case, the treater does not provide any discussion regarding the request. There is no mention of how the patient is utilizing the TENS unit, how often it is used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS Unit Electrode is not medically necessary.

**Fenoprofen 400mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

**Decision rationale:** The patient presents with low back pain, hernia pain, and knee pain/swelling. The request is for Fenoprofen 400 mg #60. The utilization review denial rationale is that the "recent medical report states to increase naproxen to fenoprofen... there is no clear rationale for the change in prescription as pain level as remained the same in the last months and there are no side effects reported." The patient was first prescribed Fenoprofen on 11/10/14 and the reason for the request is not provided. The MTUS Guidelines page 22 on anti-inflammatory medications state that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, a long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes may also be noted when medications are used for chronic pain. It appears that this is the patient's first trial of Fenoprofen. The patient does present with low back pain which he rates as a 7/10 and has tenderness to palpation of the lumbar paraspinal musculature. Given the patient's chronic low back pain, the trial of Fenoprofen appears to be reasonable. The requested Fenoprofen is medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation ODG Pain Chapter

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

**Decision rationale:** The patient presents with low back pain, hernia pain, and knee pain/swelling. The request is for Omeprazole 20 mg #60. The patient was first prescribed Omeprazole on 11/10/14 and the reason for the request is not provided. MTUS Guidelines pages 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal event: 1) Ages greater than 65, 2) History of peptic ulcer disease and GI bleeding of perforation, 3) Concurrent use of ASA or corticosteroid and/or anticoagulant, 4) High dose/multiple NSAID. MTUS page 69 states NSAIDs, GI symptoms, and cardiovascular risks: treatment of dyspepsia secondary to the NSAID therapy: stop the NSAID, switch to different NSAID, or consider H2-receptor antagonist or a PPI.As of 09/09/14, the patient is taking Naproxen. The 11/10/14 report did not provide a list of medications the patient is taking and there are no discussions provided regarding Omeprazole. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Given the lack of discussion as to this medication's efficacy, and lack of rationale for its use, the requested Omeprazole is not medically necessary.