

Case Number:	CM15-0016826		
Date Assigned:	02/05/2015	Date of Injury:	02/04/2011
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 49 year old male who sustained an industrial injury on 02/04/2011. He has reported pain in the right knee. Diagnoses include right knee meniscal degeneration. According to a primary treating physician's progress report of 10/24/2014, the IW complains of chronic left and right knee pain with occasional numbness in the right lower extremity radiating to the toes. Treatments to date include use of TENS (Transcutaneous Electrical Nerve Stimulation) unit on a daily basis. A progress note from the treating provider dated 10/24/2014 indicates the TENS is helpful, and the IW is taking Tramadol/APAP 37.5/325 twice daily as needed with omeprazole 20 mg twice daily, and is using Lidopro Ointment and a TENS. At that time he was going to have a trial of gabapentin. An evaluation and follow-up with a gastroenterologist was planned, and he had a court date concerning appointment with the orthopedic specialist for evaluation of bilateral knee exam due to ACL tear in the left knee and meniscal degeneration in the right knee. The utilization review of 01/06/2015 references both a request for authorization for 12/18/2014, and a PR-2 of 12/18/2014, neither of which is found in the medical records submitted. On 01/06/2015 Utilization Review non-certified a request for Omeprazole 20mg #60, noting the request was not supported as medically necessary. The MTUS chronic Pain Guidelines, NSAIDs, GI symptoms & cardiovascular risk were cited. On 01/06/2015 Utilization Review non-certified a request for TENS patches x4 noting the request was not supported as medically necessary. Non- MTUS, ACOEM Guidelines, Official Disability Guidelines (ODG), TENS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), p114 Page(s): 114.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic knee and radiating right lower extremity pain. The requesting provider indicates that the claimant uses TENS on a daily basis with benefit. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1 - 3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. Therefore, replacement of the TENS pads is medically necessary.

Omeprazole 20mg #60: Upheld

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, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic knee and radiating right lower extremity pain. The requesting provider indicates that the claimant uses TENS on a daily basis with benefit. Medications include Tramadol. The claimant is not taking a nonsteroidal anti-inflammatory medication. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is not taking a non-steroidal antiinflammatory medication. There is no documented history of dyspepsia secondary to non-steroidal antiinflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed.