

Case Number:	CM15-0119579		
Date Assigned:	06/29/2015	Date of Injury:	02/26/2011
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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 39 year old male, who sustained an industrial injury on 2/26/2011. Diagnoses include thoracic sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis and myofascial pain. Treatment to date has included medications and TENS unit. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported lumbar back spin rated as 3/10 described as cramping and worse in the AM. Medications are helpful. He is constipated most of the time. Physical examination revealed tenderness to palpation and decreased range of motion in the lumbar spine. The plan of care included medications and continuation of TENS unit. Authorization was requested for Omeprazole 20mg #60 (DOS 5/12/2015) and purchase of TENS unit patches (DOS 5/12/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 DOS 5/12/15: 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 procedure.

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 date of service May 12, 2015 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. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are lumbar radiculopathy; thoracic sprain strain; lumbar degenerative disc disease; lumbosacral or thoracic neuritis or radiculitis unspecified; and myofascial pain. The documentation from the earliest progress note in the medical record shows omeprazole was prescribed April 1, 2014. This is the earliest progress note and not necessarily the start date for omeprazole. Additional medications include tramadol, naproxen 550 mg, lidopro, TENS and a home exercise program. Naproxen was continued in a progress note dated September 18, 2014. In an October 29, 2014 progress note, naproxen 550 mg was not documented in the current list of medications. There were no G.I. symptoms documented in the progress note. Omeprazole 20 mg however was continued. In a progress note dated February 23, 2015, the injured worker complained of low back pain 4/10. The treating provider indicated gastritis was controlled with omeprazole. There was no prior documentation of gastritis. The injured worker was no longer taking nonsteroidal anti-inflammatory drugs. There was no objective functional improvement with ongoing omeprazole. According to a May 12, 2015 progress note, the injured worker had ongoing low back pain 4/10 with constipation. The plan was to refill Omeprazole 20 mg bid. Omeprazole 20 mg indicated once daily. There is no clinical indication for Omeprazole 20 mg bid. There is no clinical documentation indicating a TENS trial in the medical record. TENS was documented in the April 1, 2014 progress note, but no documentation reflecting objective functional improvement was carried through the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement with ongoing omeprazole, a clinical indication for omeprazole 20 mg bid and a clinical rationale for omeprazole use in the absence of a nonsteroidal anti-inflammatory drug, Omeprazole 20 mg # 60 date of service May 12, 2015 is not medically necessary.

TENS patches x 2 DOS 5/12/15- purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS for chronic pain Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. 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 patches times two date of service May 12, 2015, purchase 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. In this case, the injured worker's working diagnoses are lumbar radiculopathy; thoracic sprain strain; lumbar degenerative disc disease; lumbosacral or thoracic neuritis or radiculitis unspecified; and myofascial pain. The documentation from the earliest progress note in the medical record shows omeprazole was prescribed April 1, 2014. This is the earliest progress note and not necessarily the start date for omeprazole. Additional medications include tramadol, naproxen 550 mg, lidopro, TENS and a home exercise program. Naproxen was continued in a progress note dated September 18, 2014. In an October 29, 2014 progress note, naproxen 550 mg was not documented in the current list of medications. According to a May 12, 2015 progress note, the injured worker had ongoing low back pain 4/10 with constipation. There is no clinical documentation indicating a TENS trial in the medical record. TENS was documented in the April 1, 2014 progress note, but no documentation reflecting objective functional improvement was carried through the medical record. There is no clinical rationale for a TENS purchase by the injured worker who was using a TENS unit prior to the request. Consequently, absent clinical documentation demonstrating objective functional improvement with ongoing TENS treatment and evidence of a TENS trial, TENS patches times two date of service May 12, 2015, purchase is not medically necessary.