MAXIMUS Federal Services

Case Number:	CM15-0124404		
Date Assigned:	07/08/2015	Date of Injury:	02/02/2008
Decision Date:	08/07/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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 is a 60 year old male who sustained an industrial injury on 02/02/2008. Mechanism of injury occurred when he stepped into a hole about 2 ½ feet deep and he slipped backwards and his legs split and he fell and his testicles were directly impacted by an irrigation pipe and he had immediate pain in his groin and had pain down both legs. Diagnoses include lumbar multilevel disc herniation of 3-4mm, a 10 mm spondylolisthesis of L5 on S1 with disc herniation of 10mm, bilateral radiculopathy at L5-S1 and L4-5, bilateral inguinal hernias-status post repairs, right and left inguinal pain, right testicular pain, depression and anxiety and insomnia. Treatment to date has included diagnostic studies, bilateral inguinal hernia repair, and medications. He is not working; he is on Social Security disability. A physician progress note dated 05/05/2015 documents the injured worker complains of low back pain and inguinal pain. He has pain in his right testicle. His low back pain is moderate and his right inguinal pain is moderate and he has severe left inguinal pain. He walks with a cane. Straight leg raising sitting and supine is positive bilaterally. The request for the Transcutaneous Electrical Nerve Stimulation unit with heat is for the back and groin pain to see if it will help. He will need a left hernia repair and he probably has a cystocele on his right testicle that may have to be operated on. Treatment requested is for Prilosec 20mg #90, Tramadol 50mg #60, and X-Force with solar care device (TENS unit, one month home based).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in February 2008 and continues to be treated for low back and inguinal pain after a hernia repair. When seen, he was using a cane. There was positive straight leg raising. There was left lower extremity weakness. His BMI was over 28. Tramadol, Prilosec, and gabapentin were prescribed. He was also using medical marijuana. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p 68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in February 2008 and continues to be treated for low back and inguinal pain after a hernia repair. When seen, he was using a cane. There was positive straight leg raising. There was left lower extremity weakness. His BMI was over 28. Tramadol, Prilosec, and gabapentin were prescribed. He was also using medical marijuana. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prilosec is not medically necessary.

X-Force with solar care device (TENS unit, one month home based): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301, Chronic Pain Treatment Guidelines TENS (transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p 121 (2) Transcutaneous electrotherapy,

P 114 Page(s): 114, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant sustained a work-related injury in February 2008 and continues to be treated for low back and inguinal pain after a hernia repair. When seen, he was using a cane. There was positive straight leg raising. There was left lower extremity weakness. His BMI was over 28. Tramadol, Prilosec, and gabapentin were prescribed. He was also using medical marijuana. An X-Force Stimulator is a device that utilizes an electrical signal to deliver monophasic, peaked impulses directly to the joint. The device is a dual modality unit, also offering TENS functions. In terms of TENS, a one-month home-based trial of a basic TENS unit may be considered as a noninvasive conservative option. In this case, a dual function unit is being requested. The unit being requested also includes a heat option, SolarCare FIR. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. The requested unit is not medically necessary.