

Case Number:	CM15-0127631		
Date Assigned:	07/14/2015	Date of Injury:	10/21/2005
Decision Date:	08/26/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, shoulder, mid and low back pain reportedly associated with an industrial injury of October 21, 2005. In a June 12, 2015 Utilization Review report, the claims administrator approved requests for naproxen and Norco, partially approved a TENS unit purchase as a 30-day rental of the same, and failed to approve a request for Prilosec. The claims administrator referenced a May 22, 2015 progress note and an associated RFA form of the same date in its determination. On July 3, 2015, the applicant reported multifocal complaints of neck, mid back, low back, elbow, shoulder, and knee pain. Norco, Valium, naproxen, Prilosec, and the TENS unit in question were endorsed while the applicant was placed off of work, on total temporary disability on total temporary disability. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia at any point in the body of the note. On November 24, 2014, the applicant reported ongoing complaints of neck and low back pain with associated upper and lower extremity paresthesias. Prilosec, Valium, fenoprofen, and Norco were prescribed and/or dispensed. The applicant was placed off of work, on total temporary disability. A TENS unit was sought. There was no mention of the applicant's having any issues with reflux, heartburn, and dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on progress notes of July 3, 2015 and November 24, 2014, referenced above. Therefore, the request was not medically necessary.

Purchase of TENS Unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for a TENS unit purchase for home use purposes was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of beneficial outcomes present in terms of both pain relief and function. Here, however, the applicant was apparently given the TENS unit in question on November 24, 2014. The applicant was placed off of work, on total temporary disability, on that date. Several months later, on July 3, 2015, the applicant remained off of work, on total temporary disability. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Norco and naproxen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the TENS unit. Therefore, the request was not medically necessary.