

Case Number:	CM15-0175470		
Date Assigned:	09/16/2015	Date of Injury:	01/21/2005
Decision Date:	10/19/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/04/2015

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 37-year-old male who sustained an industrial injury on January 21, 2005. A recent orthopedic visit dated August 11, 2015 reported subjective complaint of pain radiating into bilateral legs along with severe low back pain. He was diagnosed with: herniated nucleus pulposus with sciatica bilaterally; anxiety; insomnia; status post multiple epidural injections bilaterally at L4-5 L5-S1 and sexual dysfunction. Current medication regimen consisted of: Tylenol #4 twice daily, soma, and topical creams of Ketoprofen, Gabapentin and Tramadol. An injection noted administered this visit in to two trigger point areas around L5-S1. He is to continue utilizing the transcutaneous nerve stimulatory unit and working regular duty. A secondary treating office visit dated August 10, 2015 reported current medications included: Vicodin, muscle relaxer and transdermal creams. The impression found the worker with: lumbar disc herniation and lumbar radiculopathy. At orthopedic follow up dated June 23, 2015, the plan of care noted prescribing an X-Force with solar care unit, durable medical equipment in attempt at reducing pain medications. At primary follow up dated August 05, 2014, the current medication regimen consisted of: Tylenol #4, Xanax, topical compound creams, Soma and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-force stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neuromuscular electrical stimulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 1 X force stimulator is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. 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; 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 herniated nucleus pulposus L4 - L5 and L5 - S1, 4-5mm with sciatica bilaterally; anxiety; insomnia; status post multiple epidural steroid injections; and sexual dysfunction. Date of injury is January 21, 2005. Request for authorization is July 21, 2015. According to a June 23 2015 progress note, subjective complaints include low back pain with radiation to the left lower extremity. There is no documentation of ongoing physical therapy. The injured worker is working with restrictions. Medications include Tylenol #4, Soma and topical analgesics. There are no nonsteroidal anti-inflammatory drugs noted in the record. The treatment plan contains a request for 1X force stimulator. There is no clinical indication or rationale for the X force stimulator. Additionally, there is no documentation of an X-force stimulator trial. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for neuromuscular electrical stimulation devices, 1 X force stimulator is not medically necessary.

1 Solar care: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Infrared unit.

Decision rationale: Pursuant to the Official Disability Guidelines, one Solar care (infrared therapy) is not medically necessary. Infrared therapy is not recommended over

other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care. In this case, the injured worker's working diagnoses are herniated nucleus pulposus L4 - L5 and L5 - S1, 4-5mm with sciatica bilaterally; anxiety; insomnia; status post multiple epidural steroid injections; and sexual dysfunction. Date of injury is January 21, 2005. Request for authorization is July 21, 2015. According to a June 23 2015 progress note, subjective complaints include low back pain with radiation to the left lower extremity. There is no documentation of ongoing physical therapy. The injured worker is working with restrictions. Medications include Tylenol #4, Soma and topical analgesics. There are no nonsteroidal anti-inflammatory drugs noted in the record. The treatment plan contains a request for 1 solar care unit. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for solar care therapy over other heat therapies, one Solar care (infrared therapy) is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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, Prilosec 20 mg #60 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 herniated nucleus pulposus L4 - L5 and L5 - S1, 4-5mm with sciatica bilaterally; anxiety; insomnia; status post multiple epidural steroid injections; and sexual dysfunction. Date of injury is January 21, 2005. Request for authorization is July 21, 2015. According to a June 23 2015 progress note, subjective complaints include low back pain with radiation to the left lower extremity. There is no documentation of ongoing physical therapy. The injured worker is working with restrictions. Medications include Tylenol #4, Soma and topical analgesics. There are no nonsteroidal anti-inflammatory drugs noted in the record. There are no comorbid conditions or risk factors for gastrointestinal events in the record. There is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs documented in the record. There is no clinical indication or rationale for proton pump inhibitors. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with comorbid conditions or risk factors for gastrointestinal events and no clinical indication or rationale for proton pump inhibitors, Prilosec 20 mg #60 is not medically necessary.