

Case Number:	CM15-0032172		
Date Assigned:	02/25/2015	Date of Injury:	07/02/2014
Decision Date:	05/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/20/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 50 year old female, who sustained an industrial injury on 7/2/14. The diagnoses have included right carpal tunnel syndrome, right lateral epicondylitis, right trigger finger, costochondritis, myofascial pain, tension headache, cervical sprain/strain of neck and electric shock. Treatment to date has included ice, stretching, Home Exercise Program (HEP), chiropractic, Transcutaneous Electrical Nerve Stimulation (TENS), and medications. The current medications included Fenopfen, Gabapentin, Cyclobenzaprine, Docuprene, Omeprazole, and BioFreeze gel. Currently, as per the physician progress note dated 1/22/15, the injured worker returned for follow up visit related to left elbow and right hand and wrist injuries. She reported that she was scheduled for trigger finger surgery on 1/30/15. The elbow pain was described as intermittent with numbness and tingling. The right wrist pain was described as intermittent pressure with numbness and tingling with radiation to right elbow and fingers. Objective findings of the musculoskeletal exam revealed trigger points. The physician noted that the Transcutaneous Electrical Nerve Stimulation (TENS) has been beneficial for pain control. The physician requested treatments included Retrospective: 2 Transcutaneous Electrical Nerve Stimulation Patches between 1/20/2015 and 1/20/2015 and Retrospective: 60 Capsules of Omeprazole 20mg between 1/20/2015 and 1/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 2 Transcutaneous Electrical Nerve Stimulation Patches between 1/20/2015 and 1/20/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but do address TENS units. ODG states that regarding use of TENS for "Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings." The available medical records note an ongoing multi-modal pain treatment plan, which includes TENS, medications and PT. TENS patches do meet criteria as durable medical equipment, further the medical notes establish benefit from ongoing usage of a TENS unit, pain is noted to be reduced following application. Given improvement in pain control, the continued usage of TENS is indicated and therefore the associated patches are also indicated. As such, I am reversing the prior decision and deem the request for TENS patches is medically necessary.

Retrospective: 60 Capsules of Omeprazole 20mg between 1/20/2015 and 1/20/2015: 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patients having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for 60 omeprazole 20MG is deemed not medically necessary.

