

<b>Case Number:</b>	CM13-0004716		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 [REDACTED] gas company employee who has filed a claim for chronic neck pain, carpal tunnel syndrome, deeper vein tenosynovitis, and medial epicondylitis reportedly associated with cumulative trauma at work between November 8, 1988 and August 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; attorney representations; transfer of care to and from various providers in various specialties; wrist bracing; and work restrictions. An October 10, 2012 agreed medical evaluation does suggest that the applicant is at modified duty work. In a prior utilization review report of July 3, 2013, the claims administrator apparently denied the request for psychiatric consultation, speech specialty referral, internal medicine referral, and a smart glove. The claims administrator partially certified four sessions of physical therapy while denying an additional 12 sessions of physical therapy. The applicant's attorney subsequently appealed. A later clinical progress note of September 5, 2013 is notable for comments that the applicant is using Naprosyn and Prilosec. Her sleep study is pending. She had six sessions of therapy about two months ago, which was beneficial. She reports bilateral wrist, bilateral elbow, and right shoulder pain. An additional 12 session course of physical therapy is sought. The applicant is again returned to modified duty work. An earlier note of August 29, 2013 is notable for comments that the applicant described issues with dizziness, vertigo, blurred vision, depression, anxiety, and sleep disturbance. Omeprazole and Prilosec are not on the applicant's medication list, although it is noted that the applicant is using Lipitor, Avapro, Plaquenil, Lasix, and potassium. On July 25, 2013, the attending provider writes that he is employing omeprazole for gastric ulcer protection purposes while the appl

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec, quantity 20:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, omeprazole or Prilosec is indicated in the treatment of NSAID induced dyspepsia. On July 25, 2013, it was suggested that the employee was having issues with dyspepsia, burping, reflux, etc., either standalone or brought on by ongoing Naprosyn usage. Omeprazole or Prilosec is indicated in the treatment of the same. The request for Prilosec, quantity 120, is medically necessary and appropriate.

**Consultant with sleep specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation America College of Environmental Medicine Guidelines, table 12-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography and/or sleep specialty testing are not indicated in the routine evaluation of insomnia, including insomnia due to psychiatric or neuropsychiatric source. In this case, the employee is having ongoing issues with depression, anxiety, and irritability. These appear to be functional with underlying psychopathology. As suggested by AASM, a sleep specialty referral would be of little or no benefit in establishing the presence of mental health-induced insomnia. The request for consultant with sleep specialist is not medically necessary and appropriate.

**Consultation with a psychiatrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS-adopted ACOEM Guidelines in chapter 15, the presence of persistent psychiatric symptoms which continue for

more than six to eight weeks do warrant the added attention of a specialist in mental health diseases and disorders. In this case, the employee is described as having ongoing issues with depression, anxiety, irritability, and insomnia. Obtaining the added expertise of a psychiatrist is indicated and appropriate in this context. The request for a consultation with a psychiatrist is medically necessary and appropriate.

**Internal medicine consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does endorse some specialty evaluation in those individuals with persistent complaints and/or symptoms. In this case, however, the attending provider did not clearly state for what issue or diagnosis is intended for the internal medicine consultant to address and/or what issues they intend to continue addressing himself. The request for a internal medicine consultant is not medically necessary and appropriate.

**Physical therapy, 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis in the chronic pain phase of an injury. In this case, the employee has had prior unspecified amounts of treatment over the life of the claim. As suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, tapering or fading the frequency of treatment would be indicated here. The employee has already returned to regular duty work. The request for physical therapy, 12 sessions, is not medically necessary and appropriate.