

Case Number:	CM13-0009100		
Date Assigned:	03/24/2014	Date of Injury:	07/25/2007
Decision Date:	05/20/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert 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 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/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:

According to the records made available for review, this is a 42-year-old male with a 7/25/07 date of injury. At the time of request for authorization for Omeprazole 20 mg qty: 60.00, supervised aquatic therapy, lumbar spine qty: 12.00, and supervised weight loss program with [REDACTED] 9 weeks qty: 10.00, there is documentation of subjective (right ankle and cervical spine complaints) and objective (cervical spine tenderness in the right side sternocleidomastoid region, limited range of motion of cervical rotation bilaterally at 50 degrees, flexion 30 degrees, and extension 40 degrees, right foot and ankle mild effusion, tenderness in the lateral malleolus region and medial joint line of the right foot and ankle, severe antalgic gait and patient uses a walking cane for mobility support) findings, special studies (sleep study (4/20/12) revealed sleep apnea), current diagnoses (cervical strain/arthrosis with neural foraminal stenosis, thoracic strain/arthrosis with central foraminal stenosis, lumbosacral strain/arthrosis, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and possible intra-articular injury, and left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, right knee status post probable contusion of the lateral tibial plateau with arthrosis, left knee status post contusion/laceration, status post right ankle sprain with peroneus brevis tendon tear, internal medicine complaints including gastrointestinal and hypertension, obesity), and treatment to date ([REDACTED] weight loss program, [REDACTED] weight loss program, HEP, and medications (including ibuprofen and Tylenol)). Regarding the requested supervised aquatic therapy, lumbar spine qty: 12.00, there is no documentation of extreme obesity. Regarding the requested supervised weight loss program with [REDACTED] 9 weeks qty: 10.00, there is no documentation of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI** greater than or equal to 30 kg/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² and one or more of the following comorbid conditions: coronary artery

disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG QTY: 60.00: Overturned

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 and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of cervical strain/arthrosis with neural foraminal stenosis, thoracic strain/arthrosis with central foraminal stenosis, lumbosacral strain/arthrosis, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and possible intra-articular injury, and left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, right knee status post probable contusion of the lateral tibial plateau with arthrosis, left knee status post contusion/laceration, status post right ankle sprain with peroneus brevis tendon tear, internal medicine complaints including gastrointestinal and hypertension, obesity. In addition, there is documentation of concurrent use of multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg qty: 60.00 is medically necessary

SUPERVISED AQUATIC THERAPY, LUMBAR SPINE QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Pain, Suffering and The Restoration of Function Chapter; Aquatic Therapy Page(s): 144,22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Aquatic therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise.. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of cervical strain/arthrosis with neural foraminal stenosis, thoracic strain/arthrosis with central foraminal stenosis, lumbosacral strain/arthrosis, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and possible intra-articular injury, and left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, right knee status post probable contusion of the lateral tibial plateau with arthrosis, left knee status post contusion/laceration, status post right ankle sprain with peroneus brevis tendon tear, internal medicine complaints including gastrointestinal and hypertension, obesity. However, despite documentation of a diagnosis of obesity, there is no documentation of extreme obesity. In addition, there is no documentation of a need for reduced weight bearing or recommendation for reduced weight bearing. Furthermore, given that the request is for supervised aquatic therapy, lumbar spine qty: 12.00, the proposed number of visits exceeds aquatic therapy guidelines. Therefore, based on guidelines and a review of the evidence, the request supervised aquatic therapy, lumbar spine qty: 12.00 is not medically necessary

**SUPERVISED WEIGHT LOSS PROGRAM WITH [REDACTED] (9WEEKS)
QTY: 10.00:** Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com.

Decision rationale: MTUS and ODG do not address the issue. Aetna identifies documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI** greater than or equal to 30 kg/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL, as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is documentation of cervical strain/arthrosis with neural foraminal stenosis, thoracic strain/arthrosis with central foraminal

stenosis, lumbosacral strain/arthrosis, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and possible intra-articular injury, and left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, right knee status post probable contusion of the lateral tibial plateau with arthrosis, left knee status post contusion/laceration, status post right ankle sprain with peroneus brevis tendon tear, internal medicine complaints including gastrointestinal and hypertension, obesity. However, there is no documentation of a history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI** greater than or equal to 30 kg/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. Therefore, based on guidelines and a review of the evidence, the request for supervised weight loss program with [REDACTED] 9 weeks qty: 10.00 is not medically necessary.