

<b>Case Number:</b>	CM13-0047521		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of June 9, 2010. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of acupuncture; and work restrictions. It is unclear whether the applicant's limitations have in fact been accommodated by the employer or not. In a utilization review report of October 1, 2013, the claims administrator denied a request for aquatic therapy, denied a request for ibuprofen, and denied a request for Prilosec. Motrin and Prilosec were denied both retrospectively and prospectively. The applicant's attorney subsequently appealed. A handwritten note of September 5, 2013 is difficult to follow and notable for comments that the applicant last worked on August 14, 2013. It is stated that the patient has permanent work restrictions in place through an agreed medical evaluation (AME). The note is very difficult to follow. The patient apparently has permanent work restrictions in place. A later note of September 12, 2013 is notable for comments that the patient report 6 9/10 pain. She has been doing work as a receptionist. She is on Motrin, Prilosec, and Flexeril, it is stated. She denies smoking. She has reportedly not gained any weight. Current medications are renewed. Earlier progress notes of July 25, 2013 and June 13, 2013 are reviewed and notable for comments that the patient continues to work and continues to receive refills of Motrin, Prilosec, and Flexeril. The patient's response to the medications in question is not clearly detailed on these progress notes, although it is reiterated that the patient is achieving and/or maintaining return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of aquatic therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants who are immobile, deconditioned, and/or unable to participate in land-based therapy or land-based exercise. In this case, however, there is no specific mention of the applicant's being immobile and/or incapable of participating in land-based therapy or land-based exercises. The applicant's gait is not clearly detailed or clearly described on any recent progress note. Therefore, the request for aquatic therapy remains non-certified, on independent medical review.

**Retrospective usage of Motrin: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain issues, including the chronic low back pain present here. In this case, while the applicant's response to ibuprofen has not been clearly detailed, described, or characterized, however, the applicant's successful return to work, albeit in an alternate role as a receptionist does constitute prima facie evidence of functional improvement as defined by the parameters established in the MTUS 9792.20f. Accordingly, the request for ibuprofen or Motrin is retrospectively certified

**Motrin or ibuprofen: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** Again, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that anti-inflammatory medications such as Motrin or ibuprofen do constitute the traditional first line of treatment for chronic pain issues, including the chronic low back pain

present here. The applicant's successful return to work does constitute evidence of functional improvement as defined by the parameters established in MTUS 9792.20f through prior usage of ibuprofen or Motrin. Therefore, the original utilization review decision is overturned. The request is certified.

**Retrospective usage of Prilosec conversely: Upheld**

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

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of any signs or symptoms or dyspepsia, either NSAID induced or stand-alone. Therefore, the original utilization review decision is upheld. The request remains non-certified.

**Prospective usage of Prilosec: Upheld**

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

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

**Decision rationale:** Again, while page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prilosec to treat NSAID-induced dyspepsia, in this case, however, several progress notes interspersed throughout 2013 were surveyed. There is no specific mention of any signs or symptoms of reflux, heartburn, and/or dyspepsia for which ongoing usage of Prilosec would be indicated, either in the body of the report or in the review of systems section. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.