

<b>Case Number:</b>	CM13-0060519		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Orthopedic Surgery 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:

The patient is a 50-year-old female injured on 09/18/12 while performing active shooter training and repetitive running with twisting with heavy gear on and off the stairs. The current diagnoses included disc bulge, cervical spine pain, cervical radiculopathy, rotator cuff injury, right shoulder pain with impingement, lateral epicondylitis right elbow, chondromalacia patellae right knee, chondral injury left knee with popping, clicking, and pain. The treatment to date included medication including chronic non-steroidal anti-inflammatory drug (NSAID) therapy and physical therapy. The patient has been treated for chronic complaints of pain to the neck, right shoulder, right elbow, and left knee. The physical examination revealed cervical spine tenderness and spasm, and decreased range of motion. The right shoulder had tenderness about the rotator cuff tendon, and the Neer sign and Hawkins test were positive. The right elbow revealed tenderness about the lateral epicondyle, with slight effusion to the left knee. There was tenderness about the medial joint line, with weakness of the quadriceps muscle. The current medications included Motrin 800mg, Norco 10-325mg, and soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER.

**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 - LUMBAR & THORACIC (ACUTE & CHRONIC), GYM MEMBERSHIPS.

**Decision rationale:** The Official Disability Guidelines indicate that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The guidelines also indicate that the treatment needs to be monitored and administered by medical professionals. There is no indication in the documentation that these have taken place and the appropriate documentation has occurred. As such, the request for Gym Program cannot be recommended as medically necessary.

**PROTONIX 20MG QTY#60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, PROTON PUMP INHIBITORS.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal (GI) events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include: age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug (NSAID). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. There is no indication in the documentation that the patient suffers from gastritis. This is not documented in the progress note of 11/6/2013 in which the treatment section documents a request for Protonix. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Protonix 20mg #60 cannot be established as medically necessary.