

<b>Case Number:</b>	CM13-0070265		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

Medical records from 2011 through 2014 were reviewed. The latest progress report, dated October 22, 2013, showed persistent pain of the neck which radiated to the upper extremities with numbness and tingling sensation. There was also low back pain and upper extremity pain. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms noted. Axial loading compression test and Spurling's test were both positive. It was associated with painful and restricted range of motion. Tenderness was noted at the right shoulder acromioclavicular joint. The Impingement sign and Hawkin's sign were positive. Both wrists were noted to have decreased sensation of light touch and pinprick on the median nerve distribution. Lumbar spine revealed tenderness. The seated nerve root test was positive. MRI of the cervical spine and lumbar spine, dated 01/27/2012, showed C5-C7 disc protrusion and L2-S1 disc protrusion. Treatment to date has included acupuncture, home exercise program, physical therapy, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DELAYED RELEASE 20 MG # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <9792.24.2 Page(s): 68.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (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. In this case, patient is on Naproxen, however, medical records do not reveal any gastrointestinal risk factors as stated above. There is likewise no complaint of gastrointestinal distress which may necessitate a proton pump inhibitor. Therefore, the request for purchase of Omeprazole Delayed-Release 20mg #120 is not medically necessary and appropriate.

**PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 98-99.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, a progress report, dated 08/28/2012, cited that the patient has failed all conservative measures which include physical therapy. The rationale for a course of physical therapy is due to exacerbation of symptoms. However, there is no further discussion on functional outcomes derived from previous physical therapy. Moreover, the present request failed to specify the body part to be treated. Therefore, the request for physical therapy twice a week for four weeks is not medically necessary and appropriate.