

<b>Case Number:</b>	CM14-0108904		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 62-year-old female, who has submitted a claim for herniated nucleus pulposus of the lumbar spine; left hip contusion and right ankle tendinitis associated with an industrial injury date of February 13, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of constant stabbing pain in the low back aggravated by bending. She also experienced frequent aching pain in her left hip and right ankle. Physical examination of the lumbar spine showed tenderness with muscle spasm over the paraspinal musculature. Straight leg raise is positive bilaterally. Examination of the left hip revealed tenderness over the greater trochanter. Examination of the right ankle showed tenderness with decreased range of motion particularly upon dorsiflexion and plantar flexion. Treatment to date has included Lorcet, Zofran, Flexeril, Tramadol, Naproxen (since January 2014), Omeprazole (since January 2014), and Fluoxetine. Utilization review from June 20, 2014 denied the request for aquatic therapy, two times a week for three weeks because the history and physical examination do not objectively support the request for aquatic therapy. The request for Omeprazole 20mg was denied because there is no documentation of gastrointestinal (GI) conditions. The request for Naproxen was also denied because there is no documentation of trial and subsequent failure of or intolerance to first-line drugs, such as acetaminophen or local modalities, exercise for pain control, and maintenance of improvement from treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy two times a week for three weeks: Upheld**

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

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

**Decision rationale:** As stated on page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, progress notes reviewed did not mention a failure in a land-based physical therapy program. In addition, physical examination finding did not note the patient's BMI to classify her as obese. Furthermore, there was no indication why the patient could not participate in a land-based physical therapy program. Likewise, the request did not specify body part to be treated. Therefore, the request for aquatic therapy, two times a week for three weeks is not medically necessary.

**Omeprazole 20 mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines and Food and Drug Administration (FDA), proton pump inhibitors are indicated in the treatment of patients with gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drug (NSAID) therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In this case, records reviewed showed that the patient has been on omeprazole since January 2014 to address the chronic intake of NSAIDs. However, physical examination did not show that the patient suffers from GERD or have any gastrointestinal signs and symptoms secondary to chronic NSAID use. Therefore, the request for Omeprazole 20mg quantity 30 is not medically necessary.

**Naproxen Sodium 550 mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70 and 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

**Decision rationale:** As stated on page 67 of the California MTUS Chronic Pain Medical Treatment guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on Naproxen since January 2014. However, progress notes reviewed showed no evidence of improvement in pain or function. Furthermore, long term use of NSAIDs is not recommended. Official Disability Guidelines (ODG) states that there is no evidence of long-term effectiveness for pain or function. The medical necessity was not established. Therefore, the request for Naproxen Sodium 550mg quantity 60 is not medically necessary.