

Case Number:	CM14-0132365		
Date Assigned:	08/22/2014	Date of Injury:	09/22/2006
Decision Date:	09/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Preventive 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 41-year-old female with a 9/22/06 date of injury. At the time (8/1/14) of request for authorization for Prospective request for 1 prescription of Omeprazole 20mg #30 with 1 refill, Prospective request for 1 prescription of Norco 5/325mg #40 with 1 refill, and Prospective request for 6 physical therapy sessions, there is documentation of subjective (significant pain relief and improved mobility after completing 6 sessions of physical therapy, pain level 4-7/10 (was 6-8/10 prior to physical therapy)) and objective (normal gait and normal posture) findings, current diagnoses (thoracic facet joint pain, intercostal neuralgia, and lumbar sprain), and treatment to date (medications (including ongoing treatment with Norco (with moderate improvement, 40% relief), ibuprofen, omeprazole, and amitriptyline) and physical therapy (at least 7 sessions completed to date)). Regarding Prospective request for 1 prescription of Omeprazole 20mg #30 with 1 refill, there is no documentation of concurrent use of high dose/multiple NSAID. Regarding Prospective request for 1 prescription of Norco 5/325mg #40 with 1 refill, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Omeprazole 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation 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. 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 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 diagnoses of thoracic facet joint pain, intercostal neuralgia, and lumbar sprain. However, despite documentation of ongoing treatment with ibuprofen, there is no documentation of concurrent use of high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 prescription of Omeprazole 20mg #30 with 1 refill is not medically necessary.

Prospective request for 1 prescription of Norco 5/325mg #40 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. 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. Within the medical information available for review, there is documentation of diagnoses of thoracic facet joint pain, intercostal neuralgia, and lumbar sprain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of moderate improvement, 40% relief with Norco, there is no documentation 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 as a result of Norco

use to date. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 prescription of Norco 5/325mg #40 with 1 refill is not medically necessary.

Prospective request for 6 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy.

Decision rationale: 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 recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of thoracic facet joint pain, intercostal neuralgia, and lumbar sprain. In addition, there is documentation of at least 7 previous physical therapy sessions completed to date. Furthermore, given documentation of significant pain relief and improved mobility after completing 6 sessions of physical therapy, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, the proposed Prospective request for 6 physical therapy sessions, in addition to physical therapy provided to date, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 6 physical therapy sessions is not medically necessary.