

<b>Case Number:</b>	CM14-0024876		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/14/2006
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female with a reported injury on 11/14/2006. The mechanism of injury was not reported in clinical notes. The clinical note dated 11/30/2013 reported that the injured worker complained of neck pain. The physical examination was not provided within the clinical notes. The injured worker's prescribed medication list included Norco and Omeprazole. The injured worker's diagnoses included cervical radiculopathy and shoulder pain. The provider requested Omeprazole and physical therapy for the injured worker's cervical spine. The rationale for physical therapy was to increase stretching and flexibility of the cervical spine. The Omeprazole rationale was not provided in clinical documentations. The request for authorization was submitted on 02/12/2014. The injured worker's prior treatments included cervical epidural injections with 50% pain relief. The date of the cervical epidural injections was not provided in clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The request for Omeprazole mg quantity 60 is not medically necessary. The injured worker complained of neck pain. The requesting provider did not indicate the rationale for the Omeprazole request. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker has gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used omeprazole. The guidelines identify increased hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for GI bleeding or perforation. Furthermore, the requesting provider did not specify the utilization dose or frequency of the medication being requested. As such, the request is not medically necessary.

**PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS TO THE CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

**Decision rationale:** The request for physical therapy 2 times per week for 6 weeks to the cervical spine is not medically necessary. The injured worker complained of cervical neck pain. The requesting provider's rationale for physical therapy to the cervical spine was to increase flexibility. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker had significant functional deficits. Therefore, the request is not medically necessary.