

Case Number:	CM14-0044201		
Date Assigned:	07/02/2014	Date of Injury:	04/04/2012
Decision Date:	08/07/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 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:

The applicant has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of April 4, 2012. Thus far, the applicant has been treated with the following: analgesic medications; topical compound; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; the apparent imposition of permanent work restrictions; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for aquatic therapy, topical Medrox ointment, and omeprazole. MTUS Guidelines were apparently cited, although the claims administrator does not always incorporate the same into its rationale. The applicant's attorney subsequently appealed. A July 8, 2014 progress note was notable for comments that the applicant had demonstrated no significant improvement with earlier treatment. The applicant reported persistent complaints of low back pain radiating into the left leg. The applicant was given refills of Norco, Flexeril, topical Medrox, and omeprazole. A rather proscriptive permanent 10-pound lifting limitation was endorsed. In a note dated June 11, 2014, the attending provider stated that he was appealing request for 12 sessions of manipulative therapy and 12 sessions of aquatic therapy. The applicant was reporting heightened pain complaints. A rather proscriptive 10-pound lifting limitation was again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy x 12 LS & Lt leg: Upheld

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

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

Decision rationale: The request for 12 sessions of aquatic therapy is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an alternate form of exercise therapy in applicants in whom there is some contraindication to weightbearing activities, in this case, however, the applicant's gait has not been described on any recent progress note provided. It is not clearly stated that the applicant is having issues with gait derangement, which would support provision of aquatic therapy. There is no mention of comorbidities such as extreme obesity and/or advanced arthritis, which would make weightbearing difficult and/or compel aquatic therapy. Therefore, the request for aquatic therapy is not medically necessary.

Medrox Pain Relief Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Medrox pain ointment is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Norco, cyclobenzaprine, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical analgesics such as Medrox. Therefore, the request for Medrox is not medically necessary.

Omeprazole DR 20 mg capsule, QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: The request for omeprazole, a proton-pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat NSAID-induced dyspepsia, in this case, however, there was no mention of

any active issues with reflux, heartburn, and/or dyspepsia on any recent progress note. Therefore, the request for omeprazole is not medically necessary.