

Case Number:	CM14-0049936		
Date Assigned:	07/07/2014	Date of Injury:	06/21/2004
Decision Date:	08/06/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/17/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 46 year old male with date of injury 6/21/04. The treating physician reports provided are hand written and very difficult to decipher. The report dated 3/6/14 indicates there is lower back pain rated a 6/10 with radiation into the right leg. The 2/4/14 report states, Pt return for f/u neck, shoulder, back & knee pain, needs med refill. Pain described as aching, shooting worse with activity since on work. An MRI report of lumbar spine dated 5/24/13 states minimal disc bulging is present L3-L5 with early facet arthropathy. The utilization review report dated 3/13/14 denied the request for 6 pool therapy sessions for the neck, back and knee, Cyclobenzaprine and Omeprazole based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Pool Therapy sessions for the neck, back and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: The patient presents with chronic neck and lower back pain with shoulder and knee pain. The current request is for 6 pool therapy sessions for the neck, back and knee. There is a report dated 3/6/14 that states, Needs pool therapy to loosen all tight muscles. The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, no such documentations are provided. The treating physician does not provide any information in regards to prior physical therapy and the 9/26/13 report states, Continue home exercise program. The limited legible documentation submitted does not provide any clinical information to support the current request and there is nothing to indicate that the patient cannot continue with his home exercise program. The request for 6 pool therapy sessions for the neck, back and knee is not medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with chronic neck and lower back pain with shoulder and knee pain. The current request is for Cyclobenzaprine 7.5mg #30. The treating physician report dated 2/4/14 states, Chronic neck, back, shoulder pain exacerbated refilled prescription Naproxen, Flexeril, Omeprazole, Norco. In reviewing prior reports submitted it appears that the patient has been prescribed Flexeril since at least 11/7/13. The MTUS guidelines support the usage of Cyclobenzaprine (Flexeril) for a short course of therapy, not longer than 2-3 weeks. MTUS is very specific that Cyclobenzaprine is only to be used for a short course of treatment and there is no compelling documentation from the treating physician to supercede the MTUS recommendations. The request for Cyclobenzaprine 7.5mg #30 is not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: The patient presents with chronic neck and lower back pain with shoulder and knee pain. The current request is for Omeprazole 20mg #60. The treating physician report dated 2/4/14 states, No med SE, GI S/S. There is no clinical information provided by the treating physician to indicate that the patient is dealing with dyspepsia or has GI issues. The MTUS guidelines supports the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has not documented that the patient has any G/I symptoms that require an H2 receptor antagonist or a PPI. The request for Omeprazole 20mg #60 is not medically necessary.

