

<b>Case Number:</b>	CM14-0054406		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/16/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old with a work injury dated 8/16/07. The diagnoses include musculoligamentous sprain of the cervical and lumbar spine, cervical and lumbar disc bulges, bilateral carpal tunnel syndrome, and DeQuervain's tendinitis bilateral. Under consideration is a request for physical therapy x 20 sessions for the neck and low back and oral proton pump inhibitors. There is a primary treating physician (PR-2) document dated 2/12/14 that states that the patient is taking Prilosec and Motrin as needed. The patient has had no new injuries. Since the last visit, the patient has not seen any other doctor regarding this injury and has not had any testing performed. The patient is not attending therapy. The patient is not working. The pain is at 6/10 on the pain scale. The patient has neck pain with headaches and soreness and tightness. There is bilateral wrist pain that continues with stiffness and occasional numbness. The low back pain is worse in the morning and comes and goes. On exam there is a positive Finkelstein's testing, bilateral wrists. The patient lacks 3 fingerbreadths from touching chin to chest. Extension is 30 degrees. The treatment plan includes Ibuprofen 800mg #100, one TID, an anti-inflammatory prescribed to help reduce inflammatory pain caused by strains, sprains or other injuries; Omeprazole 20mg #30, one daily. Oral Proton Pump Inhibitors is recommended in patients taking NSAIDs as a prevention against GI adverse events and APAP/but/caffeine #30, one PO q 4 hr PRN, prescribed to treat tension headaches that are caused by muscle contractions 3. Physical therapy 2 times per week for 8-10 sessions to increase range of motion and for strengthening for the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy X 20 Sessions for the neck and low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy X 20 Sessions for the neck and low back is not medically necessary per the MTUS Chronic Pain Guidelines. The documentation states that the patient had an injury in 2007. It is unclear how much therapy she has had in the past for her neck and low back with documentation of efficacy of this therapy. Furthermore there are minimal physical exam findings that justify a formal PT program. The patient should be versed in a home exercise program. The request for physical Therapy X 20 Sessions for the neck and low back is not medically necessary.

**Oral Proton Pump Inhibitors:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The request for oral proton pump inhibitors is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient meets MTUS criteria for a proton pump inhibitor including: (1) age > 65 years and high dose/multiple NSAID. The documentation submitted already reveals that she is on Omeprazole. Furthermore, the request as written cannot be certified without the name, dose, and quantity of the medication. The request for oral proton pump inhibitors is not medically necessary.

**APAP/But/Caffeine #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines, Butalbital.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** APAP/But/Caffeine #30 is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The guidelines state that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to

the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The documentation submitted and the MTUS guidelines recommending against this medication do not support the medical necessity of this medication. The request for APAP/But/Caffeine #30 is not medically necessary.