

<b>Case Number:</b>	CM14-0082887		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 63-year-old female who reported an injury on 03/01/2012. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar degenerative disc disease and cervical problems. The injured worker was evaluated on 03/05/2014 following the completion of a course of aquatic therapy. The injured worker reported an improvement in symptoms. The current medication regimen includes Neurontin 300 mg, Soma, Norco 10/325 mg, hydrochlorothiazide, Zantac and omeprazole 20 mg. Previous conservative treatment includes aquatic therapy, physical therapy, medication management, and lumbar epidural steroid injections. A physical examination on that date revealed 30 degree forward flexion, minimal extension, positive straight leg raising bilaterally, diminished sensation to light touch in the right lower extremity, and diminished strength in the right lower extremity. It is noted that the injured worker underwent an MRI of the lumbar spine on 03/21/2012. There were no official imaging studies provided for this review. Treatment recommendations at that time included continuation of the current pain medication regimen, a referral to a spinal surgeon, and aquatic therapy twice per week for 8 weeks. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec/Omeprazole 20mg 1 tab daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state a proton pump inhibitor is recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events that would warrant the need for a proton pump inhibitor. There is also no quantity listed in the current request. As such, the request is not medically appropriate.

**Soma/Carisoprodol 350mg 1 tab daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized this medication since 09/2013. California MTUS Guidelines do not recommend long term use of muscle relaxants. There is also no quantity listed in the current request. There was no documentation of palpable muscle spasm or spasticity upon physical examination. As such, the request is not medically appropriate.

**Aquatic Therapy x6 sessions:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. There was no indication that this injured worker requires reduced weight bearing as opposed to land based physical therapy. There is also no documentation of objective functional improvement following the initial course of aquatic therapy. There was no specific body part listed in the current request. As such, the request is not medically appropriate.

**Norco 10/325mg tid-qid #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, should occur. The injured worker has continuously utilized this medication since 09/2013 without any evidence of objective functional improvement. Therefore, the ongoing use cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.

**Pool membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym membership.

**Decision rationale:** The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has been ineffective and there is a need for equipment. There is no indication that this injured worker's home exercise program has been ineffective. There is also no indication that this injured worker requires specialized equipment. Based on the clinical information received and the Official Disability Guidelines, the request is not medically appropriate.

**OT x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Guidelines Page(s): 103.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Therefore, the request is not medically appropriate.

