

<b>Case Number:</b>	CM14-0122301		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 60-year-old female with a 11/28/12 date of injury. At the time (7/26/14) of request for authorization for post-operative cryotherapy for one month 3-5 times per day and 30 Omeprazole 20 mg, there is documentation of subjective (continuing intermittent moderate neck pain which increases with any activities, continuous radiation to the arms bilaterally with numbness and tingling) and objective (cervical spine tenderness to palpation about the paracervical and trapezial musculature, muscle spasms, restricted range of motion due to pain, tenderness at the C2-7 bilaterally, decreased sensation at the right C5, C6, and C7, 0/1 right biceps reflex, 1/2 brachioradialis and triceps reflexes) findings, current diagnoses (cervical spine and right trapezius sprain/strain, cervical discopathy, stress/anxiety), and treatment to date (physical therapy, acupuncture, spinal cord stimulator, activity modification and medications (Tramadol, cyclobenzaprine, naproxen 550 mg and omeprazole)). Medical records identify a certification for an anterior cervical disc fusion C5-6 and C6-7. Regarding the requested 30 Omeprazole 20 mg, there is no documentation of risk for gastrointestinal event.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative cryotherapy for one month 3-5 times per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 203-204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Continuous-flow cryotherapy.

**Decision rationale:** MTUS reference to ACOEM identifies that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback in the evaluation and management of neck and upper complaints. ODG identifies that continuous-flow cryotherapy is not recommended in the neck. Therefore, based on guidelines and a review of the evidence, the request for post-operative cryotherapy for one month 3-5 times per day is not medically necessary.

**30 Omeprazole 20 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of cervical spine and right trapezius sprain/strain, cervical discopathy, stress/anxiety. In addition, there is documentation of a recent/pending surgery (anterior cervical disc fusion C5-6 and C6-7). However, despite documentation of ongoing use of naproxen 550 mg, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for 30 Omeprazole 20 mg is not medically necessary.