

<b>Case Number:</b>	CM14-0204532		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/30/2006
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal 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 injured worker (IW) is a 60-year-old man with a date of injury of March 30, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are left shoulder impingement; and lumbar radiculopathy. Pursuant to the handwritten Primary Treating Physician's Progress Report (PR-2) dated October 30, 2014; the IW has (illegible) bad days. The IW states medications help the pain. Lately, he complains of lumbar spine pain (flare-up). Objective documentation reveals lumbar spine tenderness. Limited range of motion, Positive straight leg raises noted. Positive spams noted. The remainders of the objective findings are illegible. The treatment plan includes refill medications, and recommends pool exercises. The remainder of the treatment plan is illegible. Current medications were not documented anywhere in the 54 page medical record. Prior physical therapy (PT) was not documented in the medical record. There were no PT notes in the medical record. There were no pain assessments or evidence of objective functional improvement associated with medications or prior PT. The current request is for Prilosec 20mg #30 with 2 refills, Tylenol with Codeine #4 #100 with 2 refills, Soma 350mg #60 with 2 refills, Lidoderm patch #30, and pool therapy 2 times a week for 4 weeks (8 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, 1QD, # 30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg one daily #30 with two refills is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs (NSAIDs) that are at risk for certain gastrointestinal events. The risk factors include, but are not limited to, age greater than 65; history of peptic ulcer disease, gastrointestinal (G.I.) bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants; or high dose/multiple non-steroidal anti-inflammatory drugs. In this case, the documentation contains handwritten, incomplete follow-up progress notes. Many of the progress notes do not contain diagnoses. The injured worker's working diagnoses from a June 26, 2014 progress note or left shoulder impingement; and lumbar radiculopathy. The medications are not listed in the progress note. The documentation does not contain any comorbid conditions or past medical history compatible with risk factors enumerated above. Specifically, there is no history of peptic disease, G.I. bleeding, concurrent use of aspirin, etc. Consequently, absent the appropriate clinical indications and/or rationale, Omeprazole 20 mg one daily #30 with two refills is not medically necessary.

**Tylenol with codeine #4, 1 q6-9hrs, #100 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol with codeine #4, 1 tablet every 6 to 8 hours #100 with two refills is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation contains handwritten, incomplete follow-up progress notes. Many of the progress notes do not contain diagnoses. The injured worker's working diagnoses from a June 26, 2014 progress note or left shoulder impingement; and lumbar radiculopathy. The medications are not listed in any of the progress note. The documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate medical documentation with medication frequency and duration, Tylenol codeine #41 tablet every 6 to 8 hours #100 with two refills is not medically necessary.

**Soma 350mg, 1 TID, #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg one TID #60 with two refills is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the documentation contains handwritten, incomplete follow-up progress notes. Many of the progress notes do not contain diagnoses. The injured worker's working diagnoses from a June 26, 2014 progress note or left shoulder impingement; and lumbar radiculopathy. The medications are not listed in any of the progress note. The documentation does not contain evidence of objective functional improvement. Additionally, the documentation is difficult to interpret based on medications not being listed in the medical record. Soma is clinically indicated for short-term (less than two weeks) use. The request for Soma 350 mg TID #60 with two refills exceeds the short-term, less than two week guideline. The documentation indicates the medicines are to be refilled without listing specific medications. Consequently, absent the clinical documentation to support the ongoing use of Soma, Soma 350 mg one tablet TID #60 with two refills is not medically necessary.

**Lidoderm patch, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is indicated/recommended for localized pain consistent with a neuropathic etiology after evidence of a trial of first-line therapy. In this case, the documentation contains handwritten, incomplete follow-up progress notes. Many of the progress notes do not contain diagnoses. The injured worker's working diagnoses from a June 26, 2014 progress note or left shoulder impingement; and lumbar radiculopathy. The medications are not listed in any of the progress note. The documentation does not contain evidence of objective functional improvement. Additionally, the documentation is difficult to interpret based on

medications not being listed in the medical record. The documentation does not contain evidence of a failed trial with antidepressants and anticonvulsants. Additionally, the diagnosis indicates lumbar radiculopathy, but there is no neurologic or physical examination to support the presence of a radiculopathy. The duration of use for Lidoderm cannot be determined based on the documentation in the medical record. Consequently, absent clinical documentation with medications to date along with the clinical indication/rationale for its use, Lidoderm patch #30 is not medically necessary.

**Pool therapy, 2 times a week for 4 weeks, 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Aquatic Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pool therapy (aquatic therapy) two times a week for four weeks (eight sessions) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). In this case, the documentation contains handwritten, incomplete follow-up progress notes. Many of the progress notes do not contain diagnoses. The injured worker's working diagnoses from a June 26, 2014 progress note or left shoulder impingement; and lumbar radiculopathy. The medications are not listed in any of the progress notes. The documentation does not contain evidence of objective functional improvement. Additionally, the documentation is difficult to interpret based on medications not being listed in the medical record. The documentation does not contain any clinical indications or clinical rationale for aquatic therapy based on reduced weight-bearing. The documentation does not contain evidence of a six visit clinical trial nor does the documentation indicate whether the injured worker received any prior physical therapy. Consequently, absent the appropriate clinical documentation, clinical indication and rationale for aquatic therapy, full therapy (aquatic therapy) two times a week for four weeks is not medically necessary.