

<b>Case Number:</b>	CM15-0006305		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient, who sustained an industrial injury on 04/30/2012. She sustained the injury due to cumulative trauma. She is diagnosed with symptomatic anterolisthesis, acute right C-7 radiculopathy and cervical myofascial pain. Per the doctor's note dated 1/14/2015, she had complaints of cervical pain at 5-6/10, headache and numbness radiation down the both upper extremities. Physical examination of the cervical spine revealed spasm, tenderness and limited range of motion. Per the doctor's note dated 12/16/2014, she had complaints of neck pain with headache and radiation of pain to the right shoulder. The physical examination of the cervical spine revealed spasm and limited range of motion. The medications list includes norco, motrin and prilosec. She has had acupuncture visits, physical therapy visits and recently more than 20 chiropractic sessions for this injury. On 12/30/2014 Utilization Review non-certified a request for Motrin and chiropractic session treating the lumbar spine, noting the CA MTUS Chronic Pain, NSAIDS and Physical Medicine were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): Page 68-69.

**Decision rationale:** Request: Prilosec 20mg #30 Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when-" (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient had abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg #30 is not established for this patient.

**Motrin 800mg #60 x 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications- Page(s).

**Decision rationale:** Request: Motrin 800mg #60 x 3 refills Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic cervical pain, headache and numbness radiation down the both upper extremities. Physical examination of the cervical spine revealed spasm, tenderness and limited range of motion. NSAIDs are considered first line treatment for pain and inflammation. The request for Motrin 800mg #60 x 3 refills is medically appropriate and necessary for this patient to manage his chronic pain.

**Chiropractic manipulation 2 x 4 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Page 58-60.

**Decision rationale:** Request- Chiropractic manipulation 2 x 4 for the cervical spine Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has already had acupuncture visits, physical therapy visits and recently more than 20 chiropractic sessions for this injury. There is no evidence of significant progressive functional improvement from the previous chiropractic sessions that is documented in the records provided. Previous chiropractic visit notes are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic manipulation 2 x 4 for the cervical spine is not fully established for this patient.