

<b>Case Number:</b>	CM15-0106181		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 7/13/2011, as a result of continuous trauma. The injured worker was diagnosed as having lumbar sprain/strain with radiculopathy and status post anterior lumbar interbody fusion of L5-S1, Gill laminectomy, hemilaminectomy and foraminotomy at L4-5 on 12/16/2013. Treatment to date has included diagnostics, lumbar spinal surgery, physical therapy, and medications. Currently (4/30/2015), the injured worker complains of moderate low back pain with radiation to the right leg and left calf. Inspection of the spine and trunk revealed mild crepitation and midline point tenderness over the lumbar spine and near the sacroiliac joints. There was decreased range of motion and pain with extreme flexion, tenderness on palpation and limited range of motion and positive SLR. The patient has had normal strength and sensory examination. Also noted were right umbilical tenderness and bilateral greater trochanteric bursitis. It was documented that he was authorized for transforaminal lumbar interbody fusion surgery at L4-5, including Gill laminectomy of L4-5 and pedicle screw fixation, scheduled for 5/07/2015. He was prescribed Ondansetron for post-operative nausea. Cyclobenzaprine for muscle spasms, and Omeprazole for stomach upset. Also recommended was home health care for 6 hours per day for two weeks post-operatively. An Agreed Medical Examination report (1/08/2015) referenced a progress report (8/15/2012) with a diagnosis of gastritis, for which he was prescribed Omeprazole. The patient has had history of gastrointestinal discomfort. The patient has had history of major depressive disorder and anxiety disorder. Lumbar spinal surgery was performed on 5/07/2015. Any recent detailed clinical evaluation note of treating physician following lumbar surgery was not specified in the records. The medication list include Ketoprofen, Cyclobenzaprine and Omeprazole. Patient has received an unspecified number of PT visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Home health care 6 hours a day for weeks post-operative:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page 51 Home health services.

**Decision rationale:** Request: Home health care 6 hours a day for weeks post-operative. Per the CA MTUS, guidelines cited below, regarding home health services medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The patient has had normal strength and sensory examination on 4/30/15. Lumbar spinal surgery was performed on 5/07/2015. A recent detailed clinical evaluation note by the treating physician, following the lumbar surgery was not specified in the records. Significant functional deficits that would require Home health care, for an extended period of time, were not specified in the records provided. Documented evidence that she was totally homebound or bedridden, for an extended period of time, is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The number of weeks of the requested home health care was not specified in the request. The medical necessity of the request for Home health care 6 hours a day for weeks post-operative, is not fully established in this patient.

### **Omeprazole 20 mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Omeprazole 20 mg #60. Per the CA MTUS NSAIDs guidelines cited below, 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 anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." An Agreed Medical Examination report (1/08/2015) referenced a progress report (8/15/2012) with a diagnosis of gastritis, for which he was prescribed Omeprazole. The patient has had history of gastrointestinal discomfort. The patient medication list includes Ketoprofen. Therefore there are significant GI symptoms, along with NSAID use. The request for Omeprazole 20 mg #60 is medically necessary and appropriate for this patient