

<b>Case Number:</b>	CM15-0136402		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: New York

Certification(s)/Specialty: Emergency Medicine

### 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 49 year old female, who sustained an industrial injury on October 30, 2003. She reported that her right wrist and arm would fall asleep. The injured worker was diagnosed as having status post carpal tunnel release, status post shoulder surgery, cervical radiculopathy, increased cervical pain, chronic myofascial pain, and sleep problems. Treatments and diagnostics to date have included x-rays, electromyography (EMG)/nerve conduction study (NCS), MRIs, right carpal tunnel release in 2004, Botox injection, H-wave, TENS, physical therapy, right shoulder surgery, acupuncture, and medication. Currently, the injured worker complains of neck and upper extremity pain. The handwritten Treating Physician's report dated June 8, 2015, noted the injured worker with right trapezius spasm and decreased cervical range of motion (ROM). The injured worker's medications were listed as Naproxen Sodium, Cyclobenzaprine, Gabapentin, and Omeprazole. The treatment plan was noted to include an updated MRI for the progressive rate of the injured worker's neck pain, a recommendation for trigger point therapy, and medications. The medications were noted to help with pain and activities of daily living (ADLs). The injured worker was noted to work part time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Proton-pump inhibitors (PPIs) (2015).

**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) Chronic Pain Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note that co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at "intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin)". The guidelines are specific regarding the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history that could include many other GI issues. The Official Disability Guidelines (ODG) notes proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal (GI) events, with decision to use PPIs long term needs to be weighed against the risk. "The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI)." The injured worker was noted to have been prescribed a NSAID and Omeprazole without documentation provided that indicated the injured worker was at risk for a gastrointestinal (GI) event as she was 49, without a documented history of a peptic ulcer or gastrointestinal (GI) bleed, nor was she prescribed concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose or multiple NSAIDs. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Omeprazole 20mg #60.

**Unknown trigger point therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that trigger point injections have limited lasting value and are recommended only for myofascial pain, not recommended for radicular pain. "These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain." The criteria for trigger point injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, with symptoms have persisted for more than three months, documentation that medical management therapies such as ongoing stretching exercises, physical therapy, non-steroid anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain, radiculopathy is not present by exam, imaging, or neuro-testing, no more than 3-4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, with frequency not be at an interval of less than two months, and

trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The injured worker was noted to have a diagnosis of cervical radiculopathy, did not have documented trigger points with twitch response on examination, failed medical management was not documented, and the physician did not identify the trigger point therapy specifics such as the location of the trigger points, the number of injections, or the substance to be injected. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for unknown trigger point therapy.