

Case Number:	CM15-0161563		
Date Assigned:	08/28/2015	Date of Injury:	10/18/2010
Decision Date:	10/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	08/17/2015

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: Anesthesiology

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 45 year old male who sustained an industrial injury on 10-18-2010 resulting in injury to the low back. Treatment provided to date has included: right shoulder surgery (2011), physical therapy, medications, and conservative therapies/care. Recent diagnostic testing has include: MRI of the lumbar spine (2012) showing multilevel disc desiccation, L2-3 disc protrusion, L3-4 focal disc extrusion, L4-5 and L5-S1 diffuse disc protrusions, and increased degree of disc herniation at L3-4 and L4-5 levels; electromyogram and nerve conduction studies of the bilateral lower extremities (2013) showing normal findings. Other noted dates of injury documented in the medical record include an injury to the right shoulder on 06-28-2010. There were no noted comorbidities. On 07-02-2015, physician progress report (PR) noted complaints of continued low back pain. There was no pain rating or description of the pain noted. Current medications include naproxen, tramadol, Prilosec, and Methoderm gel. The physical exam revealed tenderness to palpation over the paraspinal muscles with spasms, and decreased range of motion (ROM). The provider noted diagnoses of lumbar radiculitis. Plan of care includes aquatic therapy (pending), continued medications (refills of Prilosec, naproxen, and Methoderm), and follow-up in 4-6 weeks. The injured worker's work status was not specified. The request for authorization and IMR (independent medical review) includes: Prilosec (dosage & quantity unspecified), naproxen (dosage & quantity unspecified), and aquatic therapy (duration & frequency unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (dosage & quantity unspecified): 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), Pain Chapter, NSAID, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, the dose and quantity of the medication was not provided and Naproxen was not found to be medically necessary. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Naproxen (dosage & quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen & NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. In addition the dose and quantity of the requested medication was not provided. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Aquatic Therapy (duration & frequency unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy & Physical Medicine Page(s): 22 & 98-99.

Decision rationale: According to CA MTUS Guidelines (2009), aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable (for example, extreme obesity). Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, there is limited documentation of significant objective and functional deficits in the physical exam to support the need for reduced weight-bearing in order to progress with therapy. In addition, the documentation did not indicate that the patient was severely obese or indicate that he had difficulty ambulating without assistance. The number of sessions and duration of the requested therapy was not provided. Medical necessity for the requested service has not been established. The requested service is not medically necessary.