

<b>Case Number:</b>	CM15-0169329		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old female, who sustained an industrial injury on October 30, 2009, incurring injuries to the cervical spine, right shoulder and right wrist. She was diagnosed with a cervical sprain, chronic myofascial pain syndrome of the cervical and thoracic spine, cervical radiculopathy, internal derangement of both shoulders with impingement, and a right wrist sprain. Treatment included chiropractic sessions, psychotherapy, trigger point injections improving her mobility for several weeks, pain medications, anti-inflammatory drugs, proton pump inhibitor, antidepressants, physical therapy and home exercise program, and work restrictions with job modifications. She was considered temporarily totally. Currently, the injured worker complained of painful movement for the right shoulder with constant neck, upper and lower back pain rated 6-8 out of 10 on a pain scale without medications. Range of motion was restricted, grip strength was decreased and sensation of the upper extremity was decreased. She was noted to have more than 80% relief of pain with the prescribed medications with the injured worker able to perform activities of daily living more than 80% of the time, such as sitting, standing, walking, bathing, cooking, sleeping and socializing. The treatment plan that was requested for authorization on August 27, 2015, included a prescription for Omeprazole and a request for a Gym membership with pool for three months. On August 17, 2015, the requests for a prescription for Omeprazole and a request for a gym membership were denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg quantity 90 x6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 6/30/15 progress report provided by the treating physician, this patient presents with frequent pain/numbness in right wrist; hand, and constant neck and upper/lower back pain rated 6-7/10 without medications. The treater has asked for OMEPRAZOLE 20MG QUANTITY 90 X6 WEEKS for NSAIDs-induced gastritis but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states that medications decrease her pain level from 6-7/10 to 2-3/10 and is getting greater than 70-80% improvement to her overall pain and ability to function per 6/30/15 report. The patient is currently using Tramadol, Prilosec, and Wellbutrin per 6/30/15 report. The patient has an aggravation of the painful movements of bilateral shoulders with decreased ranges of motion, as well as neck/pain/stiffness, and pain in interscapular area per 5/19/15 report. The patient's work status is temporarily totally disabled if a modified job is not available per 6/30/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." This 59 year old patient has an injury date of 02/24/05. Prilosec has been prescribed since report dated 1/6/15. Per progress report dated 3/31/15, the patient states "Prilosec has been helping to alleviate her abdominal pain." MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, although the treater indicates the medication is used for "NSAID-induced gastritis," review of reports do not show a diagnosis of gastritis." In addition, the patient is not currently taking an NSAID per 6/30/15 report. Therefore, the request IS NOT medically necessary.

**Gym Membership w/pool x 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar & Thoracic) Chapter, under Gym memberships.

**Decision rationale:** Based on the 6/30/15 progress report provided by the treating physician, this patient presents with frequent pain/numbness in right wrist; hand, and constant neck and upper/lower back pain rated 6-7/10 without medications. The treater has asked for GYM MEMBERSHIP W/POOL X 3 MONTHS but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states that medications decrease her pain level from 6-7/10 to 2-3/10 and is getting greater than 70-80% improvement to her overall pain and ability to function per 6/30/15 report. The patient is currently using Tramadol, Prilosec, and Wellbutrin per 6/30/15 report. The patient has an aggravation of the painful movements of bilateral shoulders with decreased ranges of motion, as well as neck/pain/stiffness, and pain in interscapular area per 5/19/15 report. The patient's work status is temporarily totally disabled if a modified job is not available per 6/30/15 report. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym memberships states: "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." ODG further states treatment must be monitored by medical professionals. The treater has not discussed this request. However, in 3/31/15 report, the patient is doing swimming pool exercises daily to aid in general strengthen, physical conditioning, and mood elevation. The patient is also doing muscle stretching exercises at home per 1/6/15 report. ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. Furthermore, ODG generally does not support pool/gym memberships as medical treatment. In this case, there is no documentation of specific objective and subjective outcomes with regards to gym membership, mention of need for special equipment, nor discussion why the patient is unable to do the necessary exercises at home. Therefore, the request IS NOT medically necessary.