

<b>Case Number:</b>	CM15-0190784		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, Pain Management

### 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 56 year old male, who sustained an industrial injury on 10-27-2011. He has reported injury to the head, neck, and low back. The diagnoses have included open skull fracture without intracranial injury; open fracture of vault of skull with prolonged loss of consciousness and return to pre-existing conscious level; headaches; major depressive disorder; cervicalgia; vertigo; tinnitus; lumbago; sciatica; and gastrointestinal esophageal reflux disease. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and aquatic therapy. Medications have included Norco, Neurontin, Cyclobenzaprine, Brintellix, Trazodone, and Omeprazole. A progress note from the treating physician, dated 08-07-2015, documented a follow-up visit with the injured worker. The injured worker reported that the head, neck, and back pain are "a little better today"; pain is slightly improved; left leg and bilateral hand numbness is improved after aqua therapy, but slowly worsening back to his baseline (prior to aqua therapy); the pain level is rated at 4 out of 10 in intensity on the visual analog scale with medication; the pain is rated at 8 out of 10 in intensity without medication; she can walk 15 minutes with medication versus 5 minutes without; he can sit 20 minutes with medication versus without; he can stand 15 minutes with medication versus 5 minutes without; and he can dust and do housework for 15 minutes with the medications, and he would be unable to do so without the medications. Objective findings included he is alert and oriented; depressed affect with minimal eye contact; neck with significant kyphosis, poor posture; tenderness to palpation to the left mid cervical paraspinals; tenderness to palpation to the right of L5; positive straight leg raising test on the left with pain radiating into the left hip; and examination while

laying supine causes visible pain. The treatment plan has included the request for Omeprazole 20mg #30 with 1 refill; Norco 10-325mg #90; outpatient physical therapy 2 times a week for 4 weeks for the neck; and outpatient aqua therapy 2 times a week for 4 weeks for the back. A progress report dated August 4, 2015 includes information indicating that the patient is doing exercises at home. Additionally, the note states that "there is medical necessity for active therapy on at least an annual basis." His last physical therapy was October 2014. A urine drug screen performed on August 16, 2015 was consistent. The original utilization review dated 08-26-2015, non-certified the request for Omeprazole 20mg #30 with 1 refill; outpatient physical therapy 2 times a week for 4 weeks for the neck; and outpatient aqua therapy 2 times a week for 4 weeks for the back; and modified the request for Norco 10-325mg #90, to Norco 10-325mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

**Norco 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco 10/325mg #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco 10/325mg #90 is medically necessary.

**Outpatient Physical Therapy 2 times a week for 4 weeks for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

**Outpatient Aqua Therapy 2 times a week for 4 weeks for the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy

where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment, as the patient is reportedly able to walk. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patients home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.