

Case Number:	CM15-0210345		
Date Assigned:	10/29/2015	Date of Injury:	01/05/2015
Decision Date:	12/10/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/26/2015

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: Massachusetts

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:

This injured worker is a 46 year old male who reported an industrial injury on 1-5-2015. His diagnoses, and or impressions, were noted to include: cervical and lumbar inter-vertebral disc disorder with myelopathy. Open magnetic resonance imaging studies of the cervical spine were done on 8-16-2015, noting abnormal findings; and of the lumbar spine on 8-23-2015, noting abnormal findings. His treatments were noted to include: a worker's compensation initial evaluation report on 8-11-2015; medication management; and rest from work. The worker's compensation progress evaluation report of 9-9-2015 reported complaints which included: sacral, right sacroiliac, right buttock, right anterior leg and knee, right ankle, right foot, and lumbar area discomfort, rated 6-8 out of 10, 80% of the time; that his pain was aggravated by 50% with movements and activity, and relieved, 50%, by rest; secondary complaints discomfort in his cervical and upper thoracic region, rated 3- 5 out of 10, 80% of the time, that was aggravated, by 25%, with movement and activity, and relieved by 25% with rest. The objective findings were noted to include: guarded movements; decreased lumbar range-of-motion, with positive straight leg raise; decreased cervical range-of-motion, with positive Spurling's test suggestive of soft connective tissue or facets and increased pain in the bilateral cervical region; and straightening of the cervical and lumbar lordosis, indicating muscle spasms, with disc desiccation, disc protrusions and moderate narrowing. The physician's requests for treatment were noted to include: Ibuprofen 600 mg twice a day, #60 for inflammation and pain; Prilosec 20 mg daily, #30 to protect stomach lining; and physiotherapy 2x a week x3 weeks for the cervical and lumbar spine. The Request for Authorization, with a handwritten date noted as 9-9-2015, was noted to include: Ibuprofen 600 mg, #60; Prilosec 20 mg, #30; and physical

therapy for the cervical and lumbar spine, 2x a week x3 weeks. The Utilization Review of 10-13-2015 non-certified the request for: Ibuprofen 600 mg, #60; Prilosec 20 mg, #30; and physical therapy for the cervical and lumbar spine, 2x a week x3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a Repair Maintenance laborer with date of injury in January 2015 and is being treated for chronic back, buttock, and right lower extremity pain and has secondary neck and thoracic pain. He was seen as a new patient in August 2015. There were no medication allergies and he had a past medical history of fatty liver disease. Meloxicam and Prilosec were prescribed. He was referred for 6 sessions of therapy. When seen in October 2015 pain was rated at 3-5/10 and was improved with medications and physical therapy which were providing temporary relief. Physical examination findings included decreased cervical and lumbar range of motion with positive straight leg raising. There was localized pain with Spurling's testing. Ibuprofen and Prilosec were prescribed and 6 sessions of physical therapy were requested. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations. Medications are providing temporary pain relief. Continued prescribing is medically necessary.

Prilosec 20mg #30: Upheld

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

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

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a Repair Maintenance laborer with date of injury in January 2015 and is being treated for chronic back, buttock, and right lower extremity pain and has secondary neck and thoracic pain. He was seen as a new patient in August 2015. There were no medication allergies and he had a past

medical history of fatty liver disease. Meloxicam and Prilosec were prescribed. He was referred for 6 sessions of therapy. When seen in October 2015 pain was rated at 3-5/10 and was improved with medications and physical therapy which were providing temporary relief. Physical examination findings included decreased cervical and lumbar range of motion with positive straight leg raising. There was localized pain with Spurling's testing. Ibuprofen and Prilosec were prescribed and 6 sessions of physical therapy were requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not considered medically necessary.

Physical therapy for cervical and lumbar spine two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a Repair Maintenance laborer with date of injury in January 2015 and is being treated for chronic back, buttock, and right lower extremity pain and has secondary neck and thoracic pain. He was seen as a new patient in August 2015. There were no medication allergies and he had a past medical history of fatty liver disease. Meloxicam and Prilosec were prescribed. He was referred for 6 sessions of therapy. When seen in October 2015 pain was rated at 3-5/10 and was improved with medications and physical therapy which were providing temporary relief. Physical examination findings included decreased cervical and lumbar range of motion with positive straight leg raising. There was localized pain with Spurling's testing. Ibuprofen and Prilosec were prescribed and 6 sessions of physical therapy were requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant is reported to have temporary relief with physical therapy. However, there is no formal reassessment and the number of treatments completed is unknown. A request for another 6 treatments without formally assessing the claimant's response to those already provided is not medically necessary.