

Case Number:	CM15-0213757		
Date Assigned:	11/03/2015	Date of Injury:	06/30/2013
Decision Date:	12/23/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 52 year old female who sustained an industrial injury on June 30, 2013. Medical records indicated that the injured worker was treated for low back and bilateral lower extremity pain. Her medical diagnoses include lumbar strain, lumbar sprain with 2 to 3 mm disc bulge at lumbar 4 to lumbar 5 and annular fissure as well as facet joint hypertrophy causing right neuroforaminal stenosis, lumbar 5 to sacral 1 2 to 3 mm disc bulge with left central focality such as thecal sac and compresses it, Chronic left lumbar 4 to lumbar 5 radiculopathy and chronic right lumbar 4, lumbar 5 and sacral 1 radiculopathy. In the provider, notes dated October 6, 2015 the injured worker complained of low back and lower extremity pain with numbness and tingling in the right foot and weakness in the left leg. Her pain is worse with bending, twisting, walking and prolonged standing and sitting. She has urinary frequency and urgency and states that Vesicare has helped. Her GI symptoms are managed with Omeprazole. She rates her pain 5 on the pain scale with medications and 10 on the pain scale without pain medications. She has improved ability to perform activities of daily living including self-care. She states without medication she struggles to stand and walk for more than 15 minutes and perform activities for more than 10 minutes and would be dependent upon others to help with household activities. She can stand, walk and participate in activity continuously for up to 40 to 45 minutes. On exam, the documentation stated that there is no drug seeking behavior. She is "less depressed". There is tenderness to palpation from Lumbar 4 to sacral 1 with spasms. There is decreased range of motion of the lumbar spine. There is decreased sensation and sensation of the lower extremities with positive bilateral straight leg raises. The treatment plan is physical therapy two times per

week for four weeks and medication refills. Previous treatment included physical therapy which "exacerbated her symptoms", epidural injections of the lumbar spine, acupuncture treatments and psychological evaluation. A Request for Authorization was submitted for unlisted modality, unlisted therapeutic procedure, and Omeprazole cap 20 mg. The Utilization Review dated October 15, 2015 denied the request for unlisted modality, unlisted therapeutic procedure, and Omeprazole cap 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy sessions: Upheld

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

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

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks; Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. Per the medical records submitted for review, it was noted that the injured worker was previously provided physical therapy, which exacerbated her symptoms. Per progress report dated 10/5/15, it was noted that she had received authorization for physical therapy x6. It was noted that she had completed her first visit. The medical necessity of additional physical therapy cannot be affirmed absent documentation of objective functional improvement. The request is not medically necessary.

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" Per the medical records submitted for review, it was noted that the injured worker had gastrointestinal distress secondary to ibuprofen use. It was noted that her gastrointestinal symptoms were well controlled with Prilosec. I respectfully disagree with the UR physician's assertion that there was no documentation of GI symptoms. The request is medically necessary.