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| Case Number: | CM15-0047489 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 10/03/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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, Hawaii

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 33 year old female, who sustained an industrial injury on 10/03/2012. She reported an injury to her right upper extremity. The injured worker is currently diagnosed as having trigger points, right shoulder pain, lateral epicondylitis, and carpal tunnel syndrome. Treatment to date has included physical therapy, corticosteroid injection of the shoulder, right shoulder decompression, electromyography/nerve conduction studies, and medications. In a progress note dated 02/19/2015, the injured worker presented with complaints of right shoulder and right wrist pain. The treating physician reported requesting a trial of Aciphex to treat acid reflux and upset stomach from taking Ibuprofen and to start physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20 mg 1 tablet a day #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with upper back pain and neck pain on the right hand side and right shoulder pain. The current request is for Aciphex 20 mg 1 tablet a day #30. Aciphex is a proton pump inhibiting medication used to reduce the amount of acid produced by the stomach. The treating physician states on 2/19/15 (2B) "I advised her to stop taking the ibuprofen 800 mg three times a day for this duration of time. It may cause some GI upset. She does note some acid reflux and upset stomach and is not sure if the ibuprofen is helping that much, so I have asked her to stop it for the next two to four weeks to see if she notes any difference. I am also giving her a trial of Aciphex to see if that helps". MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use stating specifically: "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". In this case, the treating physician has documented acid reflux and GI upset secondary to NSAID use that is currently on a two to four week trial break to start the PPI to address the patient's symptoms. The current request is medically necessary and the recommendation is for authorization.

Physical therapy 2 times a week for 4 weeks, cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The patient presents with upper back pain and neck pain on the right hand side and right shoulder pain. The current request is for physical therapy 2 times a week for 4 weeks for the cervical spine. The treating physician states on 2/19/15 (2B) "a trapezius is in spasm. I can infer that this is from her shoulder injury. This is also producing strain on her neck. She has trigger points in her right trapezius as well as right cervical paraspinal muscles. She also has tenderness in the right cervical facet joints. I think at a minimum the patient should start some physical therapy for the cervical spine". Per UR the patient has received 48 sessions of physical therapy to date for unspecified body parts. A Comprehensive Medical Legal Report date 2/18/15 (4C), lists a history of physical therapy session to the right upper extremity, right wrist and right shoulder. MTUS guidelines indicate that Physical Therapy is recommended: 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". For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended. In this case, the physician has documented the patient's cervical complaints as a sequelae injury due to her shoulder injury and thus treatment is requested for a flare up and/or new injury. Therefore, the current request is medically necessary and the recommendation is for authorization.

