

<b>Case Number:</b>	CM15-0066780		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/01/2000
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 70-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 1, 2000. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve requests for Prilosec, 12 sessions of physical therapy, a tempurpedic mattress, and what appeared to be confirmatory drug testing. The claims administrator referenced a February 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In RFA form dated March 30, 2015, Flexeril, Fenopropfen, Prilosec, Norco, physical therapy, and the urine drug testing at issue were endorsed. In an associated progress note dated March 19, 2015, the applicant reported ongoing complaints of low back, hip, and leg pain. The applicant was having difficulty performing daily living activities as basic as putting on his socks. The applicant was using Fexmid, Nalfon, Prilosec, and Norco, it was reported. The applicant was also using unspecified topical compounds. Multiple medications were renewed. The applicant was asked to remain off of work, on total temporary disability. The attending provider did not, however, state whether or not the applicant was using medications other than those which she was prescribing. It was not stated when the applicant's last drug test was. There was no mention of the applicant's having issues with reflux, heartburn, or dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #90: Upheld**

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

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

**Decision rationale:** No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. Here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date of the request, March 19, 2015. Therefore, the request was not medically necessary.

**Outpatient physical therapy (PT) to the low back for 12 sessions: Upheld**

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

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

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.

**DME purchase: Tempur-Pedic mattresses: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Chronic Pain, pg 8612.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 861 that specific beds or other commercial sleep products are "not recommended" for the treatment of any chronic pain syndrome as there is no evidence that specific commercial products have proven effective in

ameliorating chronic low back or other chronic pain syndromes. Here, the attending provider failed to furnish a compelling or cogent rationale, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

**Onsite collection/offsite confirmatory analysis using high complexity laboratory test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** The request for on-site collection to include confirmatory drug testing using a high complexity laboratory test was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative drug testing outside of the Emergency Department drug overdose context, clearly state when an applicant was last tested, and attempt to categorize the applicant into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. The applicant's complete medication list was not attached to the request for authorization for testing. The attending provider was apparently intent on performing confirmatory and/or quantitative testing, despite the unfavorable ODG position on the same. There was no attempt made to stratify the applicant into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.