

<b>Case Number:</b>	CM15-0080728		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54-year-old female who sustained an industrial injury on 02/05/2008. Current diagnoses include chronic left knee internal derangement, gait disturbance, left lumbar and gluteal strain secondary to gait disturbance, pain related insomnia, left sciatic pain with possible left L5 radiculopathy, and situational depression/anxiety with suicidal ideation. Previous treatments included medication management, physical therapy, psychotherapy, lumbar epidural injection, Viscosupplementation injections, left knee surgery, and home exercise program. Previous diagnostic studies include x-rays of the left hip, sleep study, and MRI of the left knee and lumbar spine. Report dated 04/01/2015 noted that the injured worker presented for follow up with improved left hip pain, improved depression, chronic left knee pain, and chronic low back pain with radicular symptoms. Medication regimen included Motrin, Tylenol, Wellbutrin SR, and Prilosec for gastric prophylaxis. Pain level was rated as 4 out of 10 with medications on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included follow up for psychotherapy sessions, complete physical therapy, continue home exercise program, continue with current medications, and follow up in one month. Disputed treatments include Prilosec and additional psychotherapy times 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on a combination of opioids and NSAIDs for pain. The pain was persistent despite multiple medication use. The continued use of NSAIDs may not be appropriate as well. Therefore, the continued use of Prilosec with 3 refills is not medically necessary.

**6 psychotherapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Therapy a Page(s): 23.

**Decision rationale:** According to the guidelines, psychotherapy is recommended as follows: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the claimant had received psychotherapy from 2013 to 2014. The amount of sessions completed is unknown. In addition, the response to therapy and future recommendations is also not noted. Since the prior psychotherapist doesn't return phone calls, the necessity for 6 visits vs a single follow-up to determine future need cannot be made. The request for 6 additional psychotherapy sessions is not medically necessary.