

<b>Case Number:</b>	CM14-0121760		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/17/2000
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 08/17/2000. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical strain syndrome; contusion/strain left elbow, lumbosacral strain syndrome, contusion of left hip secondary to trochanteric tendinitis, anxiety, and smell sensitivity. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include Ultracet, Zanaflex, and Voltaren XR. On 12/17/2010, the injured worker underwent an EMG/NCV of the lower extremities. On 03/06/2014, the injured worker complained of coughing. Physical examination revealed that respiratory rate was normal, rhythm was regular, and there was no labor in effort in breathing. Expansion was symmetric. There was occasional wheezing. The medical treatment plans for the injured worker were to continue the use of medications and continue with aquatic therapy for the lumbar spine. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Prilosec 20mg with 2 refills:** 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 Prilosec GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. Guidelines also state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of proton pump inhibitors is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. It was not documented in the submitted report that the injured worker was taking any type of NSAID. Additionally, there was no indication that the injured worker had complaints of dyspepsia with the use of any medications, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Furthermore, the request as submitted did not indicate a frequency or duration. As such, the request is not medically necessary.

**60 Ultram 50mg with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Ongoing management Page(s): 82, 93, 94, 113,78..

**Decision rationale:** The request Ultram is not medically necessary. California MTUS states central analgesic drugs such as Ultram are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. California MTUS recommends that there should be documentation of the "4 As" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Assessment indicating what pain levels were before, during, and after should also be documented. The submitted documentation did not indicate if the injured worker had any neuropathic pain. Additionally, there was no indication of the medication helping with any functional deficits. There were no drug tests submitted for review showing that the injured worker was in compliance with medications. Furthermore, there was no efficacy submitted for review. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request is not medically necessary.

**12 sessions aquatic therapy for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, , Physical Medicine, Page(s): 22, 98, 99.

**Decision rationale:** The request for 12 sessions of aquatic therapy is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The MTUS Guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines indicate that treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, radiculitis, it is 8 to 10 visits. The submitted documentation did not include a rationale as to how the injured worker would benefit from aquatic therapy. There were no functional impairments currently noted on the injured worker's physical examination. Additionally, there was no reason as for why the injured worker would not benefit from a land based home exercise program. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary. Furthermore, the request is for 12 sessions exceeding the recommended guidelines.