

<b>Case Number:</b>	CM14-0194996		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 35 year-old male with a date of injury of April 14, 2014. The patient's industrially related diagnoses include lumbar sprain/strain, bilateral sciatica, and rule out L5-S1 radiculopathy. The disputed issues are an unknown prescription of Naprosyn cream, one TENS unit, a functional capacity evaluation, six sessions of aquatic therapy, and a prescription for Omeprazole 20mg #60. A utilization review determination on 11/18/2014 had non-certified these requests. The stated rationale for the denial of the topical Naprosyn cream was: "Review of records revealed the patient has been taking Ibuprofen and Etodolac for treatment of symptoms. The provider has prescribed Naprosyn cream, for which the guidelines do not have any evidence based support for this type of topical analgesic. Furthermore, it appears the provider has prescribed a topical NSAID as the patient was diagnosed with gastritis due to medications. However, in review of all submitted records, there was no mention of the patient being intolerant to NSAIDs." The stated rationale for the denial of the TENS unit was: "Review of records lacked evidence that the patient was participating in a functional restoration program. Based on this, a home TENS unit is not reasonable or congruent with guidelines." The stated rationale for the denial of a functional capacity evaluation was: "Review of records revealed the patient had returned to work on modified duty until July of 2014, where after he could not return due to his work having no light duty available to him. The doctor stated that the patient had reached MMI on 8/14/2014 and did not require a functional capacity evaluation unless he decided to go back to limited duties in the future. Furthermore, there was no clinical evidence indicating any unsuccessful return to work attempts, nor is it evident that the FCE would be utilized as a detailed exploration of a worker's abilities. Therefore based on the discussion above and the guidelines cited, the prospective request for one functional capacity evaluation is non-certified." The stated rationale for the denial of aqua therapy was: "Review of records revealed the patient

completed up to 12 chiropractic/physiotherapy sessions with improvement in strength, pain and muscle spasms. Furthermore, there was no indication that the patient was intolerant when performing land-based exercises under the supervision of the chiropractor. Considering this, and evidence of improvement with conservative care, the request for aquatic therapy is not reasonable or congruent with guidelines." Lastly, the stated rationale for the denial of Omeprazole was: "A review of the available records did not reveal any symptomatology indicating GERD. As discussed above, the provider diagnosed the patient gastritis due to medications; however there was no evidence of such symptoms in current or prior records."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Unknown prescription of Naprosyn cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** Regarding the request for topical Naprosyn cream, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there was contradictory documentation whether the injured worker would be unable to tolerate oral NSAIDs, which would be preferred. There was documentation that the injured worker was previously on Etodolac ER 600mg (noted in progress reports from 5/5/2014-6/30/2014) and it was indicated that the injured worker did not have a history of ulcers or gastritis and no subjective complaints of gastrointestinal symptoms with the use of that NSAID. The injured worker was started on Ibuprofen 800mg twice a day on 7/3/2014 and in the progress report dated 8/14/2014 there was documentation that the injured worker denied any symptoms of indigestion or reflux, nausea, vomiting, or abdominal symptoms and the medication was continued. Therefore, when the requesting physician first evaluated the injured worker on 10/29/2014 and stated that he had pre-existing gastritis, aggravated by taking non-steroidal anti-inflammatory medications, there was no evidence in all the previous records of pre-existing gastritis or gastritis secondary to NSAID use. But the requesting physician did indicate that the injured worker had complaints of gastrointestinal upset. Additionally, there was no documentation that the topical Naprosyn cream was for short term use, as recommended by guidelines. In the absence of clarity regarding these issues, the currently requested topical Naprosyn cream is not medically necessary.

**1 TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for TENS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. The requesting physician request aquatic therapy, which was non-certified, and the documentation indicated that the injured worker completed 24 sessions of physical therapy but no improvement was noted. Furthermore, the treating physician did not specify whether the request for 1 TENS unit was for a one-month trial or for purchase. In the absence of clarity regarding these issues, the currently requested TENS unit is not medically necessary.

**1 Functional capacity evaluation:** 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), Functional Capacity Examinations (FCEs)ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Functional Capacity Evaluation (FCE)Official Disability Guidelines, Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Pages 137-138 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** Regarding request for a functional capacity evaluation, CA MTUS does not specifically address functional capacity evaluations. Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there was no indication that there have been conflicting medical reporting or injuries that would require detailed exploration. In the progress

report dated 8/14/2014, the another physician stated that a functional capacity evaluation was not indicated at that time unless the injured worker decided he want to go back on limited duties in the future. The documentation indicates that the injured worker stopped working on 4/25/2014 and there was documentation that there have been any prior unsuccessful return to work attempts. In light of these issues and based on the cited guidelines, the currently requested functional capacity evaluation is not medically necessary.

**6 Sessions of aquatic therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127.

**Decision rationale:** Regarding request for a functional capacity evaluation, CA MTUS does not specifically address functional capacity evaluations. Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there was no indication that there have been conflicting medical reporting or injuries that would require detailed exploration. In the progress report dated 8/14/2014, the another physician stated that a functional capacity evaluation was not indicated at that time unless the injured worker decided he want to go back on limited duties in the future. The documentation indicates that the injured worker stopped working on 4/25/2014 and there was documentation that there have been any prior unsuccessful return to work attempts. In light of these issues and based on the cited guidelines, the currently requested functional capacity evaluation is not medically necessary.

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol, 2013 Mar;108(3):308-28

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for Omeprazole 20mg (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to

NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there was contradictory information whether the injured worker had complaints of dyspepsia secondary to NSAID use. The injured worker was previously on Etodolac ER 600mg (noted in progress reports from 5/5/2014-6/30/2014) and it was documented that the injured worker did not have a history of ulcers or gastritis and no subjective complaints of gastrointestinal symptoms while taking that medication. The injured worker was started on Ibuprofen 800mg twice a day on 7/3/2014 and in the progress report dated 8/14/2014, there was documentation that the injured worker denied any symptoms of indigestion or reflux, nausea, vomiting, or abdominal symptoms and the medication was continued. Thus, when the requesting physician first evaluated the injured worker on 10/29/2014 and stated that he had pre-existing gastritis, aggravated by taking non-steroidal anti-inflammatory medications, there was no evidence in all the previous records of pre-existing gastritis or gastritis secondary to NSAID use. However, the requesting physician did indicate that the injured worker had complaints of gastrointestinal upset, prescribed topical Naprosyn cream instead of oral NSAIDs and recommended that Etodolac and Ibuprofen not be taken together. Based on the documentation, there seems to be some evidence of gastrointestinal symptoms; however unclear whether it's due to NSAID use. However, the injured worker was not prescribed an oral NSAID and the request for topical Naprosyn cream was not medically necessary. There is no indication for a PPI without the use of NSAIDs in this case. In light of these issues, the currently request Omeprazole 20mg #60 is not medically necessary.