

Case Number:	CM14-0215989		
Date Assigned:	01/06/2015	Date of Injury:	02/16/2009
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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

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 patient is a 57 year old female with an injury date on 2/16/09. The patient complains of chronic cervical pain per 11/24/14 report. The patient attends physical therapy 2 times a week which is helpful for pain and stiffness of the neck per 11/11/14 report. The patient rates her pain as 5/10 with medications, and 9/10 without her medications per 11/11/14 report. The patient notes improvement with activities of daily living and improved sleep as a result of current medication usage per 11/11/14 report. Based on the 11/24/14 progress report provided by the treating physician, the diagnoses are: 1. cervical spine multilevel degenerative disc disease and degenerative joint disease. 2. spondylosis anteriorly and posteriorly. 3. chronic cervical spine s/s. 4. cervical radiculitis. 5. s/p cervical fusion at C4-7. A physical exam on 11/24/14 showed cervical spine range of motion is improved with less pain." The patients treatment history includes medications, physical therapy, urine drug screen (consistent, 10/17/14). The treating physician is requesting prilosec 20g #60, additional physical therapy, and UA. The utilization review determination being challenged is dated 12/16/14. The requesting physician provided treatment reports from 4/8/14 to 12/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: 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)

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

Decision rationale: This patient presents with neck pain. The treater has asked for PRILOSEC 20G #60 but the requesting progress report is not included in the provided documentation. Patient was prescribed Prilosec along with Naprosyn on 11/11/14 report, to prevent GI symptoms secondary to NSAID medication. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. In this case, current list of medications do include an NSAID (naprosyn). However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. While the treater states that this medication is used for "GI symptoms secondary to NSAID medication," there is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. No GI risk assessment is provided to determine a need for GI prophylaxis with a PPI either. The patient has been taking a PPI for 2 weeks as of 11/24/14 report, and the treater does not discuss why this medication should be continued. The request IS NOT medically necessary.

Additional physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with neck pain. The treater has asked for ADDITIONAL PHYSICAL THERAPY on 11/24/14 report. The report dated 11/24/14 further clarifies the request as physical therapy helping and should continue 2 times a week for 6 weeks. The 11/24/14 and 11/11/14 reports both state that physical therapy has helped with neck pain/stiffness. A review of the reports do now show how many physical therapy sessions the patient has had. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had an unspecified quantity of recent physical therapy, and a short course of treatment may be reasonable for a flare-up, declined function or new injury. Prior physical therapy was shown to be effective. However, the treater does not indicate any rationale or goals for the requested additional sessions of therapy. In addition to the completed sessions, an additional 12 sessions would exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

Urine analysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: This patient presents with neck pain. The treater has asked for UA on 11/24/14 report. A prior urine drug screen performed on 10/17/14 showed consistent with patient's prescribed medications. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. Per MTUS, patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient just had a Urine drug screen on 10/17/14 with consistent results and the treater does not explain why another one is needed so soon. The patient does not present with aberrant behaviors that would warrant such frequent testings. A recent urine drug screen was done, which had findings consistent with prescribed medications. ODG states once yearly is suffice for low risk patients. The request IS NOT medically necessary.