

<b>Case Number:</b>	CM15-0172264		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: 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 injured worker is a 56 year old female who sustained an industrial injury on 5-17-12. Physical therapy progress report dated 7-13-15 reports complaints of pain and weakness in the neck, shoulders, hands. The pain is aggravated by movement and relieved by rest. The pain is rated 6 out of 10. Primary treating physician's progress report dated 7-28-15 reports no improvement since the last exam. She has complaints of constant worsening headaches. Diagnoses include: cervical sprain, brachial neuritis or radiculitis, carpal tunnel syndrome, cervicgia and shoulder impingement. Plan of care includes: request medications; ketoprofen ER 200 mg and omeprazole Dr 20 mg, discontinue cyclobenzaprine, and naproxen, physical therapy 3 times per week for 2 weeks. Work status: modified work; avoid lifting over 5 pounds, avoid heavy pushing and pulling over 5 pounds, avoid bending and twisting frequently and take 10 minute rest every hour of work. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, three sessions a week for two weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The 56 year old patient complains of neck pain along with worsening and constant headaches, as per progress report dated 07/28/15. The request is for Physical Therapy, three sessions a week for two weeks. The RFA for this case is dated 07/28/15, and the patient's date of injury is 05/17/12. Diagnoses, as per progress report dated 07/28/15, included cervical sprain, brachial neuritis or radiculitis, carpal tunnel syndrome, cervicgia, and shoulder impingement. Medications included Hydrocodone, Ketoprofen and Omeprazole. The patient is on modified duty, as per the same progress report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 and PHYSICAL MEDICINE section, has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Given the patient's date of injury, it is reasonable to assume that the patient has undergone physical therapy in the past. A request for six sessions of physical therapy is noted in progress report dated 04/20/15. The treater states the sessions are for "acute exacerbation of her neck and back pain. She is to undergo a course of physical therapy with massage to allow her to function and to improve range of motion." The same request is repeated in progress report dated 05/20/15. Subsequently, the patient did undergo physical therapy, as evident from physical therapy evaluation report dated 06/10/15, and therapy reports with dates ranging from 06/15/15 to 07/13/15. The current request for 6 sessions of physical therapy to the neck is noted in progress report dated 07/28/15. The treater, however, does not document the impact of prior therapy on patient's pain and function. It is not clear why the patient has not transitioned to a home exercise regimen. Furthermore, MTUS only allows for 8-10 sessions of PT in non-operative cases and the treater's request for 6 additional sessions exceeds that limit. Hence, the request IS NOT medically necessary.

**Omeprazole 20mg quantity 30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The 56 year old patient complains of neck pain along with worsening and constant headaches, as per progress report dated 07/28/15. The request is for Omeprazole 20mg quantity 30 with two refills. The RFA for this case is dated 07/28/15, and the patient's date of injury is 05/17/12. Diagnoses, as per progress report dated 07/28/15, included cervical sprain, brachial neuritis or radiculitis, carpal tunnel syndrome, cervicgia, and shoulder impingement. Medications included Hydrocodone, Ketoprofen and Omeprazole. The patient is on modified duty, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section and Chronic Pain Medical Treatment Guidelines 2009 states , "Clinicians should weight the indications for NSAIDs

against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription of Omeprazole and Ketoprofen (NSAID) is noted in progress report dated 07/28/15. While this appears to be the first prescription for Omeprazole, prior progress reports document the use of Naproxen. Prophylactic use of PPI is indicated by MTUS. However, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of peptic ulcers. Additionally, the patient is under 65 years of age and there is no indication of concurrent use of ASA, corticosteroids, and/or an anticoagulant. Given the lack of relevant documentation, the request IS NOT medically necessary.