

Case Number:	CM15-0066095		
Date Assigned:	04/13/2015	Date of Injury:	06/21/2011
Decision Date:	05/20/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/07/2015

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 60 year old male injured worker suffered an industrial injury on 06/21/2011. The diagnoses included lumbago, lumbosacral spondylosis, and osteoarthritis involving pelvic region and thigh. The injured worker had been treated with total hip replacement 10/1/2012, medications and physical therapy. On 3/9/2015, the treating provider reported lower back pain down to the left side and pain in the lateral left hip. The treatment plan included Physical therapy 8 visits, for the lumbar spine and left hip and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 visits, for the lumbar spine and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with low back pain that radiates down left hip. Patient is status post total hip arthroplasty 10/01/12. The request is for physical therapy 8 visits, for the lumbar spine and left hip. Patient's diagnosis on 03/09/15 includes sprain/strain of lumbar spine with pre-existing spondylosis, and sprain/strain and contusion of left hip which exacerbated pre-existing asymptomatic degenerative joint disease. Physical examination to the lumbar spine revealed tenderness to palpation at L3-5 midline and left paraspinal muscles. Range of motion was decreased, especially on extension 5 degrees. Patient's medications include Ibuprofen, Omeprazole, Metformin, and Flomax. Patient continues with home exercise program and is working full duty per 01/28/15 treater report. MTUS pages 98, 99 have 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." Per 03/09/15 treater report, "lumbar pain 70% improved with 12 PT of the LS spine. But then PT stopped. Now with returned LBP." It appears the patient has a return of low back pain and has benefited from prior physical therapy. The request for 8 sessions would appear reasonable. However, treater has not provided a precise treatment history documenting when last PT sessions were received. In this case, additional 8 sessions with the 12 already received, would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with low back pain that radiates down left hip. Patient is status post total hip arthroplasty 10/01/12. The request is for Omeprazole 20MG #90. Patient's diagnosis on 03/09/15 includes sprain/strain of lumbar spine with pre-existing spondylosis, and sprain/strain and contusion of left hip which exacerbated pre-existing asymptomatic degenerative joint disease. Physical examination to the lumbar spine revealed tenderness to palpation at L3-5 midline and left paraspinal muscles. Range of motion was decreased, especially on extension 5 degrees. Patient's medications include Ibuprofen, Omeprazole, Metformin, and Flomax. Patient continues with home exercise program and is working full duty per 01/28/15 treater report. MTUS pg 69 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." Per 03/09/15 progress report, treater states "may continue omeprazole. [The patient] has been on NSAID for a long-time

needs GI Prophylaxis." Per 01/09/14 treater report, Omeprazole was initiated on 03/26/13. In this case, there is no discussion of how the patient is doing with the PPI, and with what efficacy. MTUS allows PPI for prophylactic use along with oral NSAIDs, when appropriate GI risk is present. Review of medical records does not show evidence of gastric problems, and there is no mention of GI issues to support the continued use of Omeprazole. Given lack of documentation as required by guidelines, the request IS NOT medically necessary.