

Case Number:	CM15-0074729		
Date Assigned:	04/24/2015	Date of Injury:	12/10/2014
Decision Date:	05/27/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on December 10, 2014. He has reported neck pain, back pain, shoulder pain, arm pain, knee pain, and dizziness. Diagnoses have included cervical spine strain/sprain, cervical spine myospasm, thoracic spine myospasm, lumbar spine strain/sprain, and lumbar spine myospasm. Treatment to date has included medications, modified work duties, chiropractic treatments, functional capacity evaluation, and imaging studies. A progress note dated February 19, 2015 indicates a chief complaint of neck pain and back pain. The treating physician documented a plan of care that included medications and chiropractic treatments. Per the doctor's note dated 4/2/15 patient had complaints of back pain with radiation in UE and LE with muscle weakness. Physical examination of the upper and lower back revealed tenderness on palpation, positive SLR, limited range of motion. The medication list includes Naprosyn, Prilosec and Omeprazole. The patient sustained the injury due to slip and fall incident. The patient has had MRI of the left shoulder on 3/5/15 that revealed tendinosis and osteoarthritis; has had MRI of the lumbar spine on 3/4/15 that revealed disc bulge with foraminal narrowing, degenerative changes and X-rays of the several body parts. Patient has received 6 chiropractic visits for this injury. Patient has received an unspecified number of PT visits for this injury. A recent detailed examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #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): 68-69.

Decision rationale: Request: Omeprazole 20 mg #90. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A recent detailed examination of the gastrointestinal tract was not specified in the records provided. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20 mg #90 is not fully established in this patient.

Chiropractic treatment x 24 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Chiropractic treatment x 24 sessions. Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Patient has received 6 chiropractic visits for this injury. Patient has received an unspecified number of PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant

progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic treatment x 24 sessions is not fully established for this patient.