

<b>Case Number:</b>	CM14-0140308		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 and is licensed to practice in Louisiana. 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:

Progress report dated 08/14/2014 documented the patient to have complaints of bilateral ankle, knee, right shoulder, neck and back pain. He reported continued pain in the right knee. He reported that his pain was decreased with therapy from 10/10 to 7/10. He reported difficulty sleeping and used Gabapentin but stated it was not helping him. On exam, the left knee revealed tenderness to palpation along the inferomedial aspect of the left patella and in the medial joint space. The patient has been recommended for 12 sessions of acupuncture. Diagnoses lower leg joint pain, ankle/foot joint pain, and joint pain in the shoulder. The patient was prescribed mirtazapine 15 mg, Norco 10/325 mg, pantoprazole-Protonix 20 mg. Prior utilization review dated 08/28/2014 states the requests for Twelve (12) Acupuncture sessions; Norco 10/325mg #30; and Pantoprazole 20mg #60 are denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Acupuncture

**Decision rationale:** Based on the Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical therapy and/or surgical intervention to hasten functional recovery. The guidelines recommend a trial period of 3-4 visits over 2 weeks with evidence of reduced pain, medication use, and objective functional improvement. Supporting documentation indicated there was a trial period for 4 visits, however there was no functional improvement and continues to use opioids which do not meet the guideline recommendation. Therefore, the request is not medically necessary.

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guideline, Norco is an opioid which are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued opioid use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation of progression or functional improvement and long term use of opioids are not supported by the guideline recommendation therefore, this request is not medically necessary.

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Based on the Official Disability Guidelines, Pantoprazole, a proton pump inhibitor, is recommended for patients at risk of gastrointestinal events and should be used at the lowest dose for the shortest possible amount of time. In this case, there is no supportive documentation for risk of gastrointestinal events and long term PPI use carries risk which is also not recommended by the guidelines. Therefore, the request is not medically necessary.