

Case Number:	CM14-0142119		
Date Assigned:	09/10/2014	Date of Injury:	08/20/2012
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 California. 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:

The injured worker is a 35 year old male who reported an injury on 08/20/2012. The mechanism of injury was a fall. His diagnoses included sprain of the neck, sprain of the thoracic region, and sprain of the lumbar region. He has had X-rays, MRI's of the lower back, a CT scan of the left wrist, and electro diagnostic studies of the lower extremities. His treatments included physical therapy for 2 times per week for approximately 15 months, which he reported long term benefits, a wrist brace, acupuncture, and extracorporeal shockwave therapy. His previous surgeries were not provided. On 07/22/2014 he reported intermittent aching localized neck an upper back pain, left forearm/wrist/hand pain with numbness to the left hand and fingers, and intermittent aching and shooting low back pain that occurred daily. It was reported that the pain was relieved by rest, medication, ointment, and electro-stimulation. Physical findings showed normal motor strength and no sensory deficits in the upper and lower extremities. His medications included Tramadol 150mg and Omeprazole 20mg. The treatment plan was for Omeprazole 20mg #30 between 7/17/2014 and 10/21/2014 and 8 Acupuncture therapy sessions between 7/17/2014 and 10/21/2014. The rationale for request was not indicated. The request for authorization form was submitted on 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 between 7/17/2014 and 10/21/2014: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines note the prescribing physician should determine if the patient is at risk for gastrointestinal events when the patient is prescribed an NSAID. The risks include the patient being >65 years old, a history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of Aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. The injured worker reportedly sustained a fall while at work. He reported cervical, thoracic, lumbar, and left forearm pain which was relieved with rest, medication, and electro-stimulation. His most recent medications included Tramadol and Omeprazole. The guidelines indicate that the risk level for gastrointestinal events should be determined when prescribing an NSAID; however, there is a lack of documentation showing that he was taking an NSAID. Furthermore, there is a lack of documentation showing the injured worker has a history of a peptic ulcer, gastrointestinal bleed, perforation, or use of Aspirin. Also, the request did not provide how frequent the medication would be taken by the injured worker. As such, the request for Omeprazole 20mg #30 is not medically necessary.

8 Acupuncture therapy sessions between 7/17/2014 and 10/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. The injured worker reported cervical, thoracic, lumbar, and left forearm pain which was relieved by rest, medication, and electro-stimulation. It was noted that he completed physical therapy 2 times a week for approximately 15 months. There was also documentation of the injured worker attending acupuncture treatment; however, it was unclear how many sessions were completed. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the prior acupuncture treatment. There is a lack of documentation that showed that his pain was reduced, range of motion improved, or there was a decrease in anxiety. It was noted that he was ordered to attend 2 times per week for 4 weeks; however, it was not clear if he completed all 8 sessions. Upon completion of 8 sessions, the request for 8 additional sessions would exceed the guideline recommendations. As such, the request is not medically necessary.

