

Case Number:	CM13-0015588		
Date Assigned:	03/12/2014	Date of Injury:	04/10/2013
Decision Date:	04/10/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

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, has a subspecialty in Pain Medicine 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 43-year-old female with a date of injury on April 10, 2013. The mechanism of injury was a fall down stairs. The assented body regions include the right shoulder, right knee, right wrist, right-hand and fingers, right elbow, and right lower leg. The denied body regions include the neck and low back. The disputed requests are for acupuncture in the right upper extremity and for omeprazole. A utilization review determination on August 15, 2013 had denied these requests. The cited rationale for the denial of the acupuncture was the citation that the ACOEM Guidelines specify that most invasive techniques have insufficient high quality evidence to support their use in terms of forearm, wrist, and hand complaints. Furthermore, the reviewer reasoned that the Official Disability Guidelines do not recommend acupuncture for hand or wrist complaints. With regard to the omeprazole, the "medical necessity for this G.I. protective medication has not been established in the request is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE RIGHT UPPER EXTREMITY QTY:8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Relation To Acupuncture..

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In the case of this request for 8 treatments, the guidelines specify an initial trial of 3 to 6 treatments to produce functional improvement. Since the independent medical review process cannot modify requests, this request is recommended for noncertification.

PRESCRIPTION OF OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Section Page(s): 68-69.

Decision rationale: The injured worker in this case is noted to be taking Motrin 800 mg twice a day. This is documented in progress notes in July and September 2013. In a progress note on date of service June 3, 2013, the requesting healthcare provider states that the patient is having "G.I. upset from the Motrin." The treatment plan for that visit included the addition of omeprazole 20 mg daily. The progress notes in July and September 2013 do not specifically address the efficacy of the addition of omeprazole. There is a statement that the patient is "okay on Motrin and Naprosyn" in the July 2, 2013 progress report, but there is no direct commentary on the omeprazole. Due to this lack of documentation, this request is recommended for noncertification.