

Case Number:	CM13-0021265		
Date Assigned:	10/11/2013	Date of Injury:	08/23/2012
Decision Date:	01/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back and low back pain reportedly associated with an industrial injury of August 23, 2012. Thus far, the applicant has been treated with the following: analgesic medications; at least nine sessions of physical therapy over the life of the claim; 12 sessions of acupuncture in 2013; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 7, 2013, the claims administrator denied a request for acupuncture and Prilosec. The applicant's attorney later appealed, on September 6, 2013. An earlier clinical progress note of August 28, 2013 is notable for comments that the applicant does have symptoms of gastritis but finds that these symptoms are attenuated through judicious or diminished usage of Naprosyn. Additional acupuncture is endorsed, while the applicant remains off of work, on total temporary disability. In an earlier appeal letter of August 16, 2013, the attending provider states that usage of Prilosec or Omeprazole has attenuated the applicant's symptoms of gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

eighteen (18) additional sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.D, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no such evidence of functional improvement as defined in section 9792.20f, following completion of 12 earlier sessions of acupuncture in 2013. The applicant has failed to return to work. The applicant remains off of work, on total temporary, and continues to remain reliant on various forms of medical treatment, including analgesic medications. All of the above, taken together, imply a lack of any functional improvement as defined in section 9792.20f despite completion of prior acupuncture. Therefore, the request is not certified.

Prilosec 20mg: Overturned

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 Section Page(s): 69.

Decision rationale: As noted on page 69 of the California MTUS Chronic Pain medical treatment guidelines, proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID dyspepsia, as is present here. In this case, the applicant has reported symptoms of dyspepsia, which apparently developed as a result of NSAID (Naprosyn) usage. The continued usage of Prilosec is indicated in this context, particularly as the attending provider has written that the applicant's symptoms of dyspepsia have diminished as a result of prior omeprazole usage. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.