MAXIMUS Federal Services

Case Number:	CM13-0022614		
Date Assigned:	11/13/2013	Date of Injury:	07/28/2012
Decision Date:	02/11/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of July 28, 2012. A utilization review determination dated September 3, 2013 recommends, non-certification of acupuncture and omeprazole, and modified certification of tramadol 50 mg. A progress report dated September 3, 2013 indicates that the patient continues to have pain rated as 8 out of 10 on the subjective pain scale. With medication, the pain drops to 7 out of 10. Physical examination identified, "upright posture today, non-antalgic gait, and mildly positive paraspinal tenderness to percussion." Diagnoses include lumbar spine sprain/strain, lumbar spinal stenosis, and lumbar spine radiculopathy. Treatment plan recommends an epidural steroid injection, additional physical therapy, naproxen 550 mg b.i.d. #60, omeprazole 20 mg once daily #30 (to protect the gastric mucosa), and tramadol 50 mg 1 TID #90. A progress report dated July 24, 2013 indicates that the patient continues to have pain in the back and hips. Physical examination identifies, "positive stoop test, he has positive paraspinal tenderness and positive left sciatic nerve stretch test." The impression indicates that the patient's complaints are unresolved and his physical examination is unchanged. Treatment plan recommends ibuprofen, omeprazole, tramadol, and acupuncture. The note indicates that the acupuncture reduced the patient's pain level from 8 to 7 out of 10 and makes him "feel more flexible."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions: Upheld

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

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

Decision rationale: Regarding the request for additional acupuncture, California MTUS state that 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. They recommend a trial of 3 to 6 visits. Guidelines go on to state that acupuncture beyond an initial trial of 3-6 sessions is supported only when there is evidence of functional improvement, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restriction and a reduction in the dependency on continued medical treatment." Within the documentation available for review, it is unclear how many sessions of acupuncture the patient has had. Additionally, there is no documentation of sustained reduction in pain or sustained specific objective functional improvement. Additionally, there is no indication that pain medication is reduced or not tolerated, as recommended by guidelines. Nor is there any identification of objective functional deficits which are to be treated with the requested acupuncture. In the absence of such documentation, the currently requested acupuncture is not medically necessary.

1 Prescription of Omeprazole 20mg #30 with 1 refill: Overturned

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

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

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Guidelines indicate that the high dose use of NSAIDs on a consistent basis increases the risk of gastrointestinal events. Within the documentation available for review, it is clear the patient is being prescribed high-dose NSAIDs on a consistent basis. Therefore, the patient would be considered to be at high risk for gastrointestinal events, as defined by guidelines. As such, the currently requested omeprazole is medically necessary.

1 Prescription of Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function, and minimal documentation of improved pain. Additionally, there is no documentation regarding side effects and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram is not medically necessary.