

Case Number:	CM13-0042110		
Date Assigned:	12/27/2013	Date of Injury:	05/15/2006
Decision Date:	03/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 48-year-old male who reported an injury on 05/15/2006 due to cumulative trauma. The patient developed bilateral knee pain, low back pain, left shoulder pain, left hip pain and neck pain. The patient's chronic pain was managed with physical therapy and medications. The patient has a history significant for gastrointestinal upset that required medication management. The patient's most recent physical examination revealed significantly restricted range of motion of the neck, shoulders, and lumbar spine secondary to pain with decreased right-sided hand grip. The patient's diagnoses included status post left shoulder rotator cuff repair, right medial meniscus tear, chronic lumbar sprain/strain, chronic cervical sprain/strain, bilateral plantar fasciitis with chronic sprain/strain, gastroesophageal reflux disease, and status post lateral meniscus repair of the left knee. The patient's treatment plan included continuation of medications to include Prilosec 20 mg #90, Flexeril 7.5 mg #90, Prozac 20 mg #60, and tramadol 150 mg #30, and acupuncture treatments.

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 Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The requested 12 acupuncture sessions is not medically necessary or appropriate. The clinical documentation submitted for review does not support that the patient has previously undergone any acupuncture sessions. California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct therapy to an active therapy program, when an attempt is being made for medication reduction. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in an active therapy program. Additionally, the California Medical Treatment Utilization Schedule recommends a trial of 6 visits to establish the efficacy of this type of treatment. The requested 12 acupuncture sessions exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the 12 acupuncture sessions are not medically necessary or appropriate.

1 prescription of Prilosec 20mg, quantity 90: 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): 68.

Decision rationale: The Physician Reviewer's decision rationale: The requested 1 prescription of Prilosec 20 mg quantity 90 is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant for patients who are at risk for the development of gastrointestinal events related to medication usage. The clinical documentation submitted for does provide evidence that the patient has a longstanding history of gastrointestinal upset and is at a significant risk for development of gastrointestinal disturbances related to medication usage. Therefore, the use of a gastrointestinal protectant such as Prilosec would be indicated. As such, the requested 1 prescription of Prilosec 20 mg quantity 90 is medically necessary and appropriate.