

<b>Case Number:</b>	CM13-0061013		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/31/2010
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 34-year-old man who sustained a work related injury on January 31, 2010. Subsequently he developed but chronic back pain. According to the note dictated on September 5, 2013, the patient was complaining of back pain. His pain severity was rated 5/10. The patient has an MRI scan of the lumbar spine performed on January 24, 2013 and demonstrated diffuse posterior disc bulging. An electromyogram and nerve conduction study performed on March when 2010 demonstrated a right L5 radiculopathy. He was diagnosed with right sided disc herniation at L4-L5. He continued home exercise and medications as needed. His physical examination demonstrated tenderness to palpation over L5-S1 and L4-L5 levels bilaterally. There is reduced range of motion of the lumbar spine. Provider requested authorization to use acupuncture, Norco, Diazepam, Omeprazole and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Acupuncture Lumbar Spine x 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** There is no documentation of efficacy of previous trial of acupuncture. Acupuncture Medical Treatment Guidelines recommended a trial of 6 sessions of acupuncture. Therefore, the request of Acupuncture for L/S x 8 modified x 4 is not medically necessary.

**The request for Omeprazole 20mg #30 with 3 refills:** Upheld

**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 Page(s): 102.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, Omeprazole is indicated when NSAID(non-steroidal anti-inflammatory drugs) are used in patients with intermediate or high risk for gastrointestinal events. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #30 with 3 refills is not medically necessary.

**The requested treatment for Diazepam 10mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. In addition, there is no recent documentation of insomnia related to pain. Therefore the use of Diazepam 10mg #30 with 3 refills is not medically necessary.