MAXIMUS Federal Services

Case Number:	CM13-0062323		
Date Assigned:	12/30/2013	Date of Injury:	02/13/2013
Decision Date:	07/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 49-year-old female who reported an injury on 02/13/2013. The mechanism of injury was not provided within the medical records. The injured worker reported neck and left shoulder pain and increased headaches. On physical examination of the cervical spine, there was tenderness to the paravertebral muscles, spasms were present, and the injured worker's range of motion was restricted. The injured worker's sensation was reduced in the bilateral median nerve distribution, and her grip strength was reduced bilaterally. Examination of the left shoulder revealed tenderness to palpation at the anterior aspect, range of motion was reduced in flexion and abduction, and the impingement test was positive. The injured worker's prior treatments included diagnostic imaging, physical therapy, acupuncture, and medication management. The injured worker's medication regimen included Norco, Omeprazole, Carisoprodol, naproxen, and zolpidem. The provider submitted requests for acupuncture 3 times 4 for the neck and left shoulder, Norco, and Omeprazole. A request for authorization dated 06/24/2014 was submitted for acupuncture, hydrocodone, Omeprazole, Carisoprodol, and naproxen. However, a rationale was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 for the neck and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture 3x4 for the neck and left shoulder is not medically necessary. The guidelines note 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decreased side effects of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is lack of clinical documentation indicating the injured worker did not tolerate medications or a reduction of pain medications. In addition, the documentation submitted indicated the injured worker to have prior courses of acupuncture and physical therapy; however, the number of sessions was not provided within the documentation submitted for review. Furthermore, the request did not specify a timeframe for the therapy. In addition, the number of sessions and efficacy was not provided to support additional sessions. Therefore, the request for Acupuncture 3x4 for the neck and left shoulder is not medically necessary.

Hydrocodone (Norco) APAP 10/325mg twice a day (BID) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Hydrocodone (Norco) APAP 10/325mg BID #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. Moreover, it is not indicated whether the request is for Hydrocodone or Norco, clarification is necessary. Therefore, the request for Norco is not medically necessary.

Omeprazole (DR) delayed release 20mg #30: 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): 68.

Decision rationale: The request for Omeprazole DR 20mg #30 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (1 year) which has been shown to increase the risk of hip fracture. Although the injured worker is utilizing the Norco, there is no history of gastrointestinal bleeding or perforations, or a history of peptic ulcers. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not provide a frequency for this medication. Therefore, the request for Omeprazole is not medically necessary.