

<b>Case Number:</b>	CM13-0067956		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 45-year-old female was reportedly injured on November 1, 2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated November 4, 2013, indicated that there were ongoing complaints of neck pain, low back pain, left wrist pain, and bilateral knee pain. Current medications include Norco but drowsiness was reported with its usage. The physical examination demonstrated tenderness over the first dorsal compartment of the left wrist. There were a positive Tinel's test and Phalen's test as well as decreased sensation along the median nerve distribution. Decreased left sided grip strength was noted. The physical examination of the lumbar spine noted tenderness along the lumbar paravertebral muscles, spasms, decreased lumbar spine range of motion, and a positive straight leg raise test bilaterally. Examination of the knees noted medial joint line tenderness and a positive McMurray's test. The current treatment plan included prescriptions of Tylenol #3, omeprazole, and acupuncture. Previous treatment included physical therapy. A request had been made for omeprazole and 12 sessions of acupuncture and was not certified in the pre-authorization process on November 19, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2012, NSAIDs, G.I. symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There was no indication in the record provided of a GI disorder. Additionally, the injured employee did not have a significant risk factor for potential GI complications as outlined by the Chronic Pain Medical Treatment Guidelines. Therefore, this request for Omeprazole is not medically necessary.

**12 sessions of Acupuncture treatment (3 X4):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 13.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. A review of the attached medical record did not indicate that pain medication has been reduced or has not been tolerated. The progress note, dated November 4, 2013, revealed that Norco usage has been increased. This request for Acupuncture is not medically necessary.