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| Case Number: | CM13-0072674 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 11/01/2002 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 Anesthesiology, 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 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 patient is a [REDACTED] employee who has filed a claim for myofascial pain syndrome, cervical spine strain, repetitive strain injuries of bilateral upper extremity, and bilateral carpal tunnel syndrome associated with an industrial injury date of November 01, 2002. Thus far, the patient has been treated with NSAIDs, Neurontin, muscle relaxants, topical ointments, Lidoderm, massage, heat therapy, therapeutic exercises, acupuncture, and wrist splints. Current medications include omeprazole, Neurontin, Flexeril, and Orudis. Review of progress notes reports less spasms with Flexeril. With regards to the wrists and hands, patient has numbness of fingers and decreased strength of the hands with positive carpal tunnel compression tests bilaterally. Utilization review dated November 27, 2013 indicates that the claims administrator denied a request for urine drug screen as the patient is at low risk for opioid addiction; 8 acupuncture sessions as there were no documented improvements with previous acupuncture sessions; and Flexeril as it is not recommended for long-term use. There was modified certification for Orudis and omeprazole for a month's supply to stay within the referenced guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, the patient has had 3 urine drug screens in 2013, latest one on November 2013, and all have tested negative for all compounds. The patient is currently not on opioid medications and there is no reason at this time to suspect opioid addiction or use of illegal substances. Therefore, the request for urine drug screen is not medically necessary and appropriate.

EIGHT (8) SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

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

Decision rationale: According to the MTUS guidelines, the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, and as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, the Official Disability Guidelines (ODG) states that the time to produce functional improvement is 3 - 6 treatments. Acupuncture is not recommended for carpal tunnel syndrome or for neck pain. In this case, progress report from August 2013 indicate that the patient had two courses of acupuncture and needs a third one. Report of electroacupuncture along with other physical treatment modalities noted 50-60% improvement of pain and 40-50% improvement of range of motion of the neck, arms, and shoulders. However, there is no documentation of significant functional improvements derived from these sessions since progress reports show minimal changes in findings, as well as description of the amount, frequency, or dates of the previous acupuncture sessions. Also, the request does not indicate the targeted body part for acupuncture. Therefore, the request for 8 sessions of acupuncture is not medically necessary and appropriate.

OMEPRAZOLE 20 MG: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case, the patient has been on this medication since June 2007. There is a note from December 2012 that the patient has had significant gastritis-type symptoms while taking NSAIDs alone, and has not had any complaints since taking Omeprazole. Additionally, the requested quantity for omeprazole has not been specified. Therefore, the request for Omeprazole 20mg is not medically necessary and appropriate.

ORUDIS 75 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least November 2012. Although this is a reasonable option for pain management in this patient, the quantity for the request has not been specified. Therefore, the request for Orudis 75mg is not medically and appropriate.

FLEXERIL 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 63, state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on muscle relaxants (Tizanidine) since at least November 2012, and Flexeril since August 2013. In this case, there is note of decreased spasms with medications. However, this medication is not recommended for long-term use. Also, the requested amount for the medication is not indicated. Therefore, the request for Flexeril 7.5mg is not medically necessary and appropriate.