

<b>Case Number:</b>	CM14-0006825		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 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 63 year-old female with reported industrial injury on June 29, 2004. The current diagnosis is noted to be a sprain of the knee and lower extremity. It is noted that the injured worker has modest right elbow, right forearm and right wrist pain (2/10) and that several trials of acupuncture have been completed in the past. It is noted that the upper extremity pain is aggravated with prolonged standing, walking and walking on uneven surfaces. The progress notes presented for review date back to February, 2013 and no complaints relative to depression, neck pain, upper back pain, low back pain, the sign, the ankle and foot. The pain for each of these body regions is described as dull. The pain is noted to be 1-2/10. The diagnosis was listed as cervical sprain and lumbar sprain. Multiple medications were prescribed. The knee, elbow, wrist and arm sprain/strain diagnoses were added with the March, 2013 evaluation. Multiple modalities (paraffin bath, massage therapy, unintended stimulation) were completed. Monthly follow-up evaluations were completed and no specific improvement is objectified. The December, 2013 progress note indicated significant osteoarthritic disease in the right knee. An avascular necrosis of the worst metacarpal found Jill joint is also reported. The February 2014 progress note indicates the injured's weight has increased to 300 pounds. Ongoing right knee and right arm symptoms are noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE, 8 SESSIONS:** Upheld

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

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

**Decision rationale:** When noting the date of injury, the injury sustained, the treatment rendered in the past and the rather inconsistent findings noted relative to the injury and the complaints, there is insufficient clinical data presented to support this request. Acupuncture is to be accomplished in the acute phase of the injury. This injury is more than a decade old. Furthermore, there is no data presented demonstrating the efficacy of the previous acupuncture interventions as the pain complaints continued. Lastly, the amount of acupuncture requested far exceeds the parameters noted in the appropriate California Medical Treatment Utilization, Acupuncture Medical Treatment Guidelines.

**PRILOSEC 20 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk 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 are numerous proton pump inhibitors available over the counter without a prescription. Gastritis has not been documented as a diagnosis for the injured worker. Therefore, the use of this medication is not noted to be medically necessary at this time.