

Case Number:	CM14-0105612		
Date Assigned:	07/30/2014	Date of Injury:	11/01/2010
Decision Date:	10/07/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 Internal 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 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 47 year old female who reported an injury on 11/1/2010 to her left wrist, neck, back and knees. The mechanism of injury is repetitive motion type injury while performing usual and customary duties. The utilization review dated 06/23/14 indicates the request being denied for additional acupuncture, the continued use of omeprazole and Tylenol with codeine as insufficient information had been submitted supporting these requests. A clinical note dated 06/15/14 indicates the injured worker complaining of continued pain at several sites. The injured worker reported injuries as early as 2010 as a result of being a lead ticket agent. No other information was submitted regarding any initial injuries. The note does indicate the injured worker undergoing acupuncture treatments at that time. The note also indicates the injured worker continuing to use Tylenol #3 to address the multiple pain areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture (3x4) for the left wrist, neck, back and knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013 (wrist/hand)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for twelve sessions of acupuncture for the left wrist, neck, back and knees is not medically necessary. The documentation indicates the injured worker complaining of pain at several sites, most notably the neck, back, wrists and knees. There is an indication the injured worker had previously undergone acupuncture treatments. Continued acupuncture is indicated for injured workers who have demonstrated an objective functional improvement. No objective data was submitted regarding the injured worker's response to the previously rendered acupuncture. Therefore, this request is not indicated as medically necessary.

Omeprazole DR 20mr #30 2 refills: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, PROTON PUMP INHIBITORS

Decision rationale: Proton pump inhibitors (PPIs) are indicated for injured workers at intermediate and high risk for gastrointestinal events with concurrent use of nonsteroidal antiinflammatory drug use. Risk factors for gastrointestinal (GI) events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the injured worker is at risk for GI events requiring the use of proton pump inhibitors. Furthermore, long term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Tylenol with codeine #3 tablet 300-30mg #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 Page(s): 77.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.