

<b>Case Number:</b>	CM14-0018440		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 40 year old male who reported an injury on 3/19/03. A physical evaluation on 12/23/13 documented that the injured worker reported improvement following a second lumbar epidural injection. There were findings of tenderness to palpation over the mid and lower paravertebral muscles. Range of motion was documented as 30 degrees flexion, 20 degrees right lateral bending, 20 degrees left lateral bending, 23 degrees right lateral rotation, 25 degrees left lateral rotation and 20 degrees extension. There was increased pain with lumbar motion and extension. Straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability. There was decreased sensation in the bilateral lower extremities, right more than left in the L5 distribution. The injured worker has had 24 visits of physical therapy documented. The physical therapy report states increased strength, activity, mobility and function. The injured worker had at least one acupuncture visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, NSAIDS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, 68

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that some patients may be at risk for gastrointestinal events with use of a non-selective NSAIDs and recommends a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily). The request for Protonix does not meet the criteria according to the guidelines. As such, the request is not medically necessary.

**NORCO 2.5MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 78

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documented material submitted fail to indicate pain relief with use of opioids, if opioids increase function, if side effects have occurred or drug screens to prevent addiction. As such, the request is not medically necessary.

**ACUPUNCTURE TWELVE (12) VISITS (2 X 6):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

**Decision rationale:** The California MTUS Acupuncture Medical Treatment Guidelines state the time to produce functional improvement is 3-6 treatments. The documentation provided fails to indicate how many treatments have been used, and the request for 12 visits exceeds the guidelines. As such, the request is not medically necessary.