

Case Number:	CM14-0019928		
Date Assigned:	04/28/2014	Date of Injury:	09/25/2007
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 Surgeon 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 76 year old female injured on 09/25/07 as a result of repetitive heavy lifting and gripping required while performing her normal job duties resulting in pain in her shoulders, arms, wrists, and hands. The injured worker was initially diagnosed with cervical and lumbar myofascial sprain/strain with symptomatic radiculitis, bilateral shoulder tendinitis, and bilateral wrist tendinitis. The clinical note dated 01/21/14 indicates the injured worker presented complaining of right arm pain with associated tingling in the right hand and upper back pain. Physical assessment revealed tenderness to the cervical spine and lumbar spine. Diagnoses of cervical and lumbar strain were assigned. Previous treatments include physical therapy, psychotherapy, acupuncture, and medication management. The documentation indicates the injured worker underwent 12 sessions of acupuncture treatment between 07/2012 and 08/2012; however, functional benefit obtained from therapy sessions was not documented in the clinical notes provided. There was no list of current medications provided for review. The request for acupuncture #12 sessions and Vimovo 50mg, #60 was not medically necessary on 01/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, #12 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. Guidelines indicate that the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The documentation indicates the injured worker underwent 12 sessions of acupuncture treatment between 07/2012 and 08/2012; however, functional benefit obtained from therapy sessions was not documented in the clinical notes provided. As such, the request for additional acupuncture, #12 sessions, cannot be recommended as medically necessary.

VIMOVO 500MG, #60: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Vimovo (esomeprazole magnesium/ naproxen).

Decision rationale: As noted in the Official Disability Guidelines - Online version Pain chapter, Vimovo is a NSAID/PPI combo indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible patients. (FDA, 2010) As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. There is no indication the patient has been diagnosed with osteoarthritis, rheumatoid arthritis, or ankylosing spondylitis. Additionally, there is no indication the patient has been trialed on individual doses of omeprazole and naproxen. As such, the request for Vimovo 500mg #60 cannot be recommended as medically necessary.