

<b>Case Number:</b>	CM14-0135451		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/22/2004
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 62-year-old male with a date of injury of 07/22/2014. The listed diagnoses per [REDACTED] are: 1. Right knee pain. 2. Status post right knee surgery x3. 3. Myofascial pain syndrome. According to progress report 07/14/2014, the patient underwent right knee surgery in 2004, 2007, and 2009. The patient continues to complain of right knee pain with acute muscle spasms in the right quadriceps muscle area. Examination revealed swelling in the right knee and decreased range of motion. There is tenderness in the medial joint line of the right knee and trigger points in the right quadriceps muscles. The patient's medication regimen includes Voltaren XR 100 mg for inflammation, Flexeril 7.5 mg for spasms, and omeprazole 20 mg for stomach prophylaxis. The requests are for acupuncture 2 times a week for 4 weeks to help with pain management and omeprazole 20 mg #100. Utilization review denied the requests on 08/07/2014. Treatment reports from 03/04/2014 through 07/28/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 weeks to the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture Page(s): page 8.

**Decision rationale:** This patient presents with chronic knee pain. The treatment is requesting acupuncture 2 times 4 weeks to the right knee. Utilization review denied the request stating that the records provided does not contain current PT/acupuncture evaluation or response to any prior rehabilitation therapy. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. Review of the progress reports does not include treatment history. Review of AME report from 10/16/2012 indicates the patient has a long history of surgeries and conservative treatments including physical therapy, injections, and medications. There is no indication that patient has received acupuncture in the past. A trial of 3 to 6 treatments may be indicated, but the treater is requesting an initial 8 treatments, which exceeds what is recommended by MTUS. Therefore the request is not medically necessary.

**Omeprazole 20 mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with chronic right knee pain. The treater is requesting omeprazole 20 mg #100. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Utilization review denied the request stating that "records do not indicate that the patient has GI symptoms with the use of NSAIDs." Review of the medical file indicates that the patient has been prescribed Voltaren since at least 03/04/2014. The treater also indicates that the patient has gastrointestinal issues and reflux disease. The requested Omeprazole is medically necessary.