

Case Number:	CM14-0139337		
Date Assigned:	09/05/2014	Date of Injury:	03/25/2013
Decision Date:	11/05/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Pulmonary Disease 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 62 year-old female who reported a work related injury on 03/25/2013 due to climbing a shelf when she slipped and held on with her right hand and felt a pull in her arm. The diagnoses consist of brachial neuritis or radiculitis, shoulder impingement, ulnar nerve lesion, and carpal tunnel syndrome. The past treatment included physical and occupational therapy, chiropractic care, injections, and medications. An MRI dated 10/10/2013, revealed a tear of the supraspinatus tendon. An EMG and nerve conduction study dated 05/07/2013, revealed no electrodiagnostic evidence of cervical radiculopathy. On 04/10/2014 the injured worker complained of continued right arm weakness and pain. Upon physical examination on 07/24/2014, the right anterior shoulder was noted to be tender to palpation, range of motion was decreased, and there was a positive impingement sign. It was noted there was no significant improvement since the last exam. The injured worker is currently prescribed Hydrocodone, Ketoprofen, and Omeprazole. The treatment plan consisted of Acupuncture 2x3, right shoulder, Ketoprofen 75mg #30 (with refills x 2), and Omeprazole DR 20mg #30 (with refills x 2). The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture 2x3, right shoulder is not medically necessary. The California MTUS Acupuncture Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to accelerate functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time noted to produce functional improvement is three to six treatments, with a recommended frequency of one to three times per week and duration of one to two months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker complained of pain, however, there was no sufficient documentation indicating that the dosage of her medications had been reduced or that the treatment was not tolerated. In addition, there was no documentation indicating that she would be participating in a therapeutic exercise program concurrently. As such, the request for Acupuncture 2x3, right shoulder is not medically necessary.

Ketoprofen 75mg #30 (with refills x 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): page(s) 67-68..

Decision rationale: The request for Ketoprofen 75mg #30 (with refills x 2) is not medically necessary. The California MTUS Guidelines state non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The injured worker was noted to have continued right arm weakness and pain. Within the documentation provided, the injured worker was prescribed Ketoprofen and Omeprazole on 03/10/2014. The injured worker's symptoms of pain have remained constant indicating that the medication has not been beneficial. There is a lack of documentation indicating significant pain relief or objective functional improvement with the use of Ketoprofen. Therefore, the request for Ketoprofen 75mg #30 (with refills x 2) is not medically necessary.

Omeprazole DR 20mg #30 (with refills x 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk, Page(s): pages 68-69..

Decision rationale: The request for Omeprazole DR 20mg #30 (with refills x 2) is not medically necessary. The California MTUS Guidelines state that Proton Pump Inhibitors may be recommended for injured workers who are taking non-steroidal anti-inflammatory drugs (NSAIDs) and are at increased risk for gastrointestinal complications or for those with complaints of dyspepsia related to NSAID use. Within the documentation provided for review, the injured worker was noted to be using Ketoprofen, but there is no mention of ongoing gastrointestinal complaints or significant risk factors for gastrointestinal events. There is a lack of documentation of ongoing gastrointestinal complaints with non-steroidal anti-inflammatory drug use to support the use of Omeprazole. Additionally, the frequency was not noted with the request. Based on the above, this request is not medically necessary.