

<b>Case Number:</b>	CM14-0174516		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational 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:

This patient is a 55 year old female who has developed a wide spread pain syndrome secondary to C.T. dated 8/27/12. She had complaints of neck and bilateral upper extremity discomfort in addition to low back and lower extremity discomfort. She has been diagnosed with a right shoulder rotator cuff syndrome with possible tears. She has had upper extremity electrodiagnostic tests that were negative for a radiculopathy and negative for peripheral nerve entrapment. No gastrointestinal problems or risks are documented. No knee instability or exam abnormalities are documented. A left L5 radiculopathy is noted on exam. Chiropractic and physical therapy have not been beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 times a week for 4 weeks with massage, back, bilateral upper extremities and bilateral upper extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage Page(s): 60.

**Decision rationale:** MTUS Guidelines are very specific that up to a maximum of 6 sessions of acupuncture and/or massage are recommended. Any extensions of these passive modalities are to be based on clear functional gains. The request for 12 sessions exceeds Guideline recommendations and there are no unusual circumstances to justify an exception to Guidelines. The request for acupuncture and massage 3 times a week for 4 weeks is not medically necessary.

**Omeprazole DR 20 mg capsule take one daily #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; GI Symptoms and Risk Page(s): 68.

**Decision rationale:** MTUS Guidelines do not recommend the use of Proton Pump Inhibitors without the presence of GI symptoms and/or specific risk factors. Neither of these issues is documented to be present. This class of drugs is not benign with long term use associated with increased fractures, increased lung infections and dysregulation of biological metals. The Omperazole is not Guideline supported and is not medically necessary.

**Orphenadrine ER (extended release) 100 mg tablet, take one, twice daily #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65, 63.

**Decision rationale:** MTUS Guidelines recommends only short-term use of this muscle relaxant for chronic pain conditions. The prescriptions are for chronic daily use and there are no unusual circumstances or responses that would justify an exception to Guidelines. The Orphenadrine ER (extended release) 100 mg tablet, take one, twice daily #60 with 2 refills is not medically necessary.

**Knee brace (wraparound with hinge) right:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** MTUS Guidelines mildly support the use of knee braces if there is a condition that is associated with instability. No conditions associated with instability are documented. The knee exam is reported to be normal and there is no history of an injury that

would reasonably be associated with instability. The request for a right knee brace is not medically necessary.