

Case Number:	CM14-0026254		
Date Assigned:	06/13/2014	Date of Injury:	11/06/2002
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/02/2014

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 and is licensed to practice in Illinois. 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 63 year old female who reported an injury on 11/06/2002 due to cumulative trauma. On 07/18/2013 she reported pain in her neck rated at a 6/10, pain in both shoulders rated at a 4-5/10 with cracking and clicking sensations noted, pain in hands rated at a 6-7/10 with tingling and numbness in the right hand, and pain in both knees rated at a 3-4/10 in the left knee and 6/10 in the right, giving away and locking is noted. A physical examination revealed bilateral positive straight leg raise, Kemp's test, Braggard's test, and motor strength was decreased on the right compared to the left. Her diagnoses included lumbosacral musculoligamentous strain/sprain, right shoulder strain/sprain, status post right rotator cuff tear, right elbow/forearm sprain/ strain and fusion, bilateral wrist sprain/strain rule out bilateral carpal tunnel syndrome, right hand strain/sprain, and status post trigger finger release on the right. Medications included Motrin, carisoprodol, and alendronic acid. The treatment plan was for 6 acupuncture sessions and duexia 800mg #100 with four refills. The request for authorization form was signed on 08/01/2013. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE QUANTITY SIX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per acupuncture treatment guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There are no reports of the injured worker attending an adjunct intervention or reduction and non-tolerance of pain medications. In addition, the rationale for acupuncture treatment was not provided. The documentation lacks the necessary information needed to warrant the request. As such, the request is not medically necessary and appropriate.

DUEXIA 800 MG QUANTITY 100 REFILL FOUR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 68.

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

Decision rationale: Duexis is a combination of ibuprofen and H2 receptor agonist. Per California Medical Treatment Utilization Schedule (MTUS), the use of Duexis is recommended when there is a risk for gastrointestinal complications while using NSAIDs. There were no reports stating that the injured worker was at risk for gastrointestinal upsets or that she had gastrointestinal complaints. The documentation also did not state the frequency or rationale for the medication. The documentation provided lacks the necessary information needed to warrant the request. As such, the request is not medically necessary and appropriate.