

<b>Case Number:</b>	CM14-0037600		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 57 year old patient had a date of injury on 2/27/2012. The mechanism of injury was not noted. On a progress note dated 1/27/2014, the subjective findings included pain in right shoulder/arm, right elbow/forearm and right knee. He also complains of pain in lower back that radiates in the pattern of bilateral L3 and L4 dermatomes, as well as pain and numbness in bilateral wrist/hands. On a physical exam dated 1/27/2014, the objective findings included grade 2 tenderness to palpation over the paraspinal muscles, range of motion is restricted, and there are trigger points noted. Diagnostic impression showed lumbar spine strain/sprain with radiculitis, right shoulder strain/sprain, right wrist tendinitis, right knee strain/sprain. The treatment to date includes medication therapy, behavioral modification, and acupuncture. A UR decision dated 3/13/2014 denied the request for Acupuncture 12 visits (2x6) lumbar spine, stating that acupuncture treatments may be extended if functional improvement is documented, and the medical records do not clearly document functional improvement from past acupuncture, right upper extremity and right knee. Omeprazole 20mg #60 was denied, stating the records do not provide details regarding patients need for gastrointestinal prophylaxis and no documentation of NSAID usage support this request. Tramadol 50mg every 6 hours was denied, stating tramadol is not recommended as a 1st line analgesic and there was no documentation of subjective/objective improvements. AP lateral x-ray of right 5th finger was denied, stating that specific symptoms or differential diagnosis of the right 5th finger could not be identified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; twelve (12) visits (2x6), lumbar spine, right upper extremity and right knee:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**Decision rationale:** CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In this case, the patient had already completed 6 sessions of acupuncture therapy to the right knee, right upper extremity, and lumbar spine. In a progress note dated 1/27/2014, the patient did state that acupuncture helps decrease his pain temporarily. However, the patient also reports the VAS scale increase from 6/10 to 4/10 from last visit in lower back and bilateral L3 and L4 dermatomes, and there was no objective documentation of functional improvement noted from these sessions. Therefore, the request for acupuncture 12 visits to lumbar spine, right upper extremity, and right knee is not medically necessary.

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In a progress note dated 12/20/2013, the patient is diagnosed with acid reflex disease. Therefore, the request for Omeprazole 20mg #60 is medically necessary.

**Tramadol 50mg every 6 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81; 113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects .CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In a progress report dated 1/27/2014, the patient is noted to have an increased VAS scale of 6/10 from 4/10 from previous visit. No documentation of objective functional improvement was noted from the patient's analgesic regimen. Therefore, the request for Tramadol 50mg was not medically necessary.

**AP/lateral x-ray of the right 5th finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand.

**Decision rationale:** MTUS does not address this issue. ODG integrated treatment/disability duration guidelines of MTUS forearm, wrist and hand state that x-rays can be performed for fracture or dislocation of wrist. In the reports viewed and in the latest progress reports dated 12/30/2013 as well as 1/27/2014 there was no discussion regarding fracture of the finger. It is unclear why the request for lateral x-ray of the 5th right finger is being requested. Therefore, the request for AP lateral X-ray of the 5th finger is not medically necessary.