

Case Number:	CM14-0039917		
Date Assigned:	06/27/2014	Date of Injury:	07/20/2010
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The injured worker is a 55 year-old female with a 7/20/10 date of injury. The patient was seen on 3/24/14 with complaints of neck pain, 4-6/10, left elbow pain, 5-7/10, and right elbow pain, 4-5/10. The patient apparently had acupuncture, which was beneficial. Exam findings revealed cervical tension with a decrease in range of motion. No neurologic deficits were documented. A QME note dated 2/26/14 states that the patient started acupuncture in November 2013 and has been going once per week since which helps the pain in her neck. The diagnosis is paresthesias and medial epicondylitis. Treatment to date: medications, acupuncture, physical therapy. An adverse determination was received on 3/31/14. The request for acupuncture was denied as there was no documentation regarding improvement with the patient's prior acupuncture sessions. The Duexis was denied as the patient does not have a diagnosis of osteoarthritis or rheumatoid arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: 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. The patient has been going to weekly acupuncture since November of 2013, however acupuncture is not meant to be an ongoing therapy. It is unclear why the patient's acupuncture has not been discontinued as of yet. There is a lack of documentation with regard to functional gains as well as how many sessions the patient has had to date. Therefore, the request for acupuncture times 6 is not medically necessary.

90 Duexis 800/26.6mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Duexis (ibuprofen+famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter-Duexis)Other Medical Treatment Guideline or Medical Evidence: FDA (Duexis).

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. ODG states this medication is not recommended as a first-line drug (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. In this case, there is no documentation or rationale stating that the patient cannot take an NSAID and a medication for stomach acid reduction simultaneously. It is unclear why the patient requires this medication as opposed to taking the two ingredients of this medication separately. Therefore, the request for Duexis is not medically necessary.