

Case Number:	CM14-0084126		
Date Assigned:	07/21/2014	Date of Injury:	05/09/2008
Decision Date:	09/11/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/05/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 9, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of acupuncture; unspecified amounts of physical therapy over the life of the claim; and reported return to work as of a medical-legal evaluation of October 23, 2008. In a Utilization Review Report dated June 3, 2014, the claims administrator denied a request for omeprazole, conditionally denied a request for Voltaren, conditionally denied a request for Neurontin, conditionally denied a shoulder corticosteroid injection, and partially certified a request for eight sessions of acupuncture as four sessions of acupuncture. The claims administrator did state that the applicant had had eight sessions of acupuncture since March 2014. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated October 23, 2008, it was suggested that the applicant had had 27 sessions of physical therapy through that point in time and was, moreover, working regular duty, despite ongoing complaints of neck, shoulder, and left arm pain. In an August 12, 2014 progress note, the applicant reported persistent complaints of neck and shoulder pain, ranging from 4-7/10. The applicant had completed eight recent sessions of acupuncture, it was stated. An additional eight sessions of acupuncture were sought. In a handwritten note of July 30, 2014, somewhat difficult to follow, the applicant was described as having persistent complaints of neck pain, shoulder pain, and vertigo. Tenderness and spasm were noted about the trapezius muscles. The applicant was described as working regular duty. The applicant was using Neurontin, Voltaren, Methoderm, and Prilosec, it was stated. It was not stated for what purpose Prilosec was being employed. Eight sessions of acupuncture were ordered on June 18, 2014. Neurontin, Prilosec, Voltaren, Methoderm, and Prilosec were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole - NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69, 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the attending provider's progress note, referenced above, made no explicit mention of issues with NSAID-induced dyspepsia. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. The attending provider did not state for what purpose omeprazole is being used and/or state whether or not omeprazole was, in fact, effective. Therefore, the request is not medically necessary.

8 Acupuncture treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question represents a renewal request for acupuncture. The applicant had had extensive prior acupuncture as of the date of the request, seemingly well in excess of the three to six treatments deemed necessary to produce functional improvement following introduction of acupuncture as stated in MTUS. While MTUS did acknowledge that acupuncture treatments could be extended if functional improvement was evident as defined in Section 9792.20f, in this case, however, all evidence on file pointed to the applicant having plateaued with earlier acupuncture. While the applicant had achieved and/or maintained successful return to work status, the applicant remains highly dependent on various forms of medical treatment, including various and sundry analgesics and adjuvant medications, such as Neurontin, Voltaren, shoulder corticosteroid injection therapy, etc. Therefore, the request was not medically necessary.