

Case Number:	CM14-0189105		
Date Assigned:	11/20/2014	Date of Injury:	12/16/2005
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female with a date of injury of 12/16/2005. The listed diagnoses are: 1. Lumbar radiculopathy. 2. Post laminectomy syndrome. 3. Pain disorder-related psychological factors. 4. Depressive disorder, not elsewhere classified. 5. CRPS, type 2, lower extremity. 6. Sprain/strain of the sacroiliac. 7. Fibromyalgia. According to progress report dated 09/22/2014, the patient presents with chronic low back pain and left leg pain. Patient reports least pain as 5/10, present pain as 6/10, and worst pain as 10/10. The treating physician notes that the patient is currently not utilizing Prilosec as "the insurance would not pay for it." She is receiving Xanax from her PMD. Patient's current medication regimen includes Tylenol, Restasis, atenolol 25 mg, Lidoderm 5% patch, Prilosec 20 mg, gabapentin 300 mg, and Flector 1.3% transdermal patch. Examination of the lumbar spine revealed moderate tenderness and stiffness. Palpation of the lumbar facet revealed pain on both sides at the L3 to S1 region. Anterior lumbar flexion causes pain. Recommendation was for patient to continue acupuncture for the low back pain and refill omeprazole 20 mg. Utilization review denied the request on 10/17/2014. Treatment reports from 03/05/2014 through 10/30/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1 Acupuncture Medical Treatment Guidelines. Page(s): 13 of 127.

Decision rationale: This patient presents with chronic low back pain and left leg pain. The current request is for acupuncture x12 sessions. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. Review of the medical file indicates the patient received 10 acupuncture treatments to date. Acupuncture treatment reports continually note that the patient presents "seeking relief of her low back pain with pain down her left lower extremity." Patient reports decreased pain for 3 to 4 days after last treatment. In this case, the patient is currently on disability and not working and functional improvement from prior acupuncture sessions has not been documented. Furthermore, the treater is currently providing an opiate regimen concurrently with acupuncture. Recommendation for further acupuncture treatments cannot be supported and recommendation is for denial.

Omeprazole 20mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic low back and left leg pain. The current request is for omeprazole 20 mg #60 x1 refill. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Recommendation is for denial.