

Case Number:	CM14-0191981		
Date Assigned:	11/24/2014	Date of Injury:	05/11/2011
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 Pain Management and Rehabilitation, 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 31 year old male with date of injury 5/11/11. The treating physician report dated 9/11/14 indicates that the patient presents with pain affecting the lower back and right shoulder. The physical examination findings reveal nonspecific tenderness of the right shoulder with a positive Codman drop arm test on the right shoulder. Reflexes for the biceps, triceps and brachioradialis are normal bilaterally. Kemp's test/facet is positive on the right with lumbar spine exam and SLR supine test is positive on the right and positive on the left. Prior treatment history includes physiotherapy, acupuncture and medications. The current diagnoses are:
 1. Status post right shoulder arthroscopic
 2. Thoracic sprain
 3. Sprain of the right wrist
 4. Lateral epicondylitis
 5. Headache
 6. Contusion of the right knee
 7. Cervical sprain
 8. Right shoulder impingement syndrome
 9. Status post arthro subacromial decompression of right shoulder
 10. Multiple lumbar spine disc protrusions
 The utilization review report dated 11/03/14 denied the request for acupuncture one time a week for six weeks for lumbar spine and right shoulder based on the reviewer failing to see benefit with previous acupuncture. The utilization report dated 11/03/14 also denied the request for Duexis 800 mg based on it not being recommended as a first-line drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 6 weeks for the lumbar spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with lower back and right shoulder pain. The current request is for acupuncture one time a week for six weeks for the lumbar spine and right shoulder. The treating physician states that the patient has been undergoing physiotherapy and that he has been receiving acupuncture. The Acupuncture Medical Treatment Guidelines state that 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." "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement: 3 to 6 treatments; frequency: 1 to 3 times per week; optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." In this case the treating physician states that the patient has undergone acupuncture. It is unclear when this took place or the frequency and duration of acupuncture in the past, and there is no documentation regarding functional improvement. Additionally the Acupuncture Medical Treatment Guidelines does not recommend acupuncture for the shoulder. The request for Acupuncture 1 time a week for 6 weeks for the lumbar spine and right shoulder is not medically necessary.

Duexis 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with lower back and right shoulder pain. The current request is for Duexis 800 mg, which is 800 mg of Ibuprofen and 26.6 mg of Famotidine. The treating physician states that right shoulder pain is 5/10 with no medication and lower back pain is 2/10. The patient has difficulty falling asleep due to pain and wakes during the night with pain. The MTUS guidelines state that Famotidine is an H2 blocker that is used to treat GERD. The MTUS guidelines support Ibuprofen for osteoarthritis and mild to moderate pain. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." However, in this patient the patient does not have dyspepsia with NSAID. The treating physician is using this compounded medication with an H2 blocker for prophylaxis. MTUS requires documentation of GI risk assessment such as age >64, concurrent use of ASA, anticoagulant, history of peptic ulcer disease, etc., for prophylactic use of an H2 receptor antagonist. The treating physician does not report any side effects to NSAIDs and no dyspepsia is reported. The request for Duexis 800mg is not medically necessary.

