

Case Number:	CM14-0203223		
Date Assigned:	12/15/2014	Date of Injury:	07/25/2013
Decision Date:	01/31/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/04/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 41 year old woman sustained an industrial injury on 7/25/2013. The mechanism of injury is not detailed. Current diagnoses include right ankle pain, right ankle plantar fasciitis, lumbar radiculopathy, rule out complex regional pain syndrome, and gastroesophageal reflux disease. Treatment has included oral medications and acupuncture. Physician notes dated 11/20/2014 show the worker with complaints of intermittent moderate right ankle pain, sharp stabbing pain in the right calf, and constant low back pain with radiation to her legs. The worker states that she has attended the four approved acupuncture sessions that have resulted in more relief than the medications have granted and estimates approximately 15% relief. The physical examination shows tenderness to palpation of the lumbar spine at the facets of levels L5-S1 with muscle spasms and restricted range of motion. The right ankle and foot also show tenderness to palpation along the lateral malleolus anteriorly and plantar fascia. Recommendations include pain medicine consultation to assist with her medication regimen and chronic pain and eight sessions of acupuncture. An antispasmodic was added to her oral medication regimen. The worker maintains temporarily totally disabled status. On 11/8/2014, Utilization review evaluated prescriptions for four sessions of acupuncture and omeprazole 20 mg #60. The UR physician noted that there has been a trial of four acupuncture sessions approved on 10/20/2014, however, the results have not yet been reported. The worker has also received approval for omeprazole on 10/20/2014. There is no documentation to warrant an increase in the dosage at this time. Another approval is not needed in such close proximity to the previous approval. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

Decision rationale: This 41 year old female has complained of right ankle pain, right foot pain and lower back pain since date of injury 7/25/13. She has been treated with physical therapy, acupuncture and medications. Per the MTUS guidelines cited above, acupuncture has not been found to be effective in the treatment of back pain on the basis of several high-quality studies. Furthermore, per the available medical documentation, the patient was approved for acupuncture sessions in 10/2014 and there is no available documentation of response to these sessions. On the basis of the MTUS guidelines and available documentation, acupuncture is not indicated as medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 41 year old female has complained of right ankle pain, right foot pain and lower back pain since date of injury 7/25/13. She has been treated with physical therapy, acupuncture and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 41 year old female has complained of right ankle pain, right foot pain and lower back pain since date of injury 7/25/13. She has been treated with physical therapy,

acupuncture and medications to include NSAIDS since at least 03/2014. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least an 8 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naprosyn is not indicated as medically necessary in this patient.