

Case Number:	CM15-0144221		
Date Assigned:	08/05/2015	Date of Injury:	07/13/2004
Decision Date:	09/21/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 61 year old male with an industrial injury dated 07/13/2004. The injured worker's diagnoses include depressive disorder, other chronic pain, degenerative cervical intervertebral disc and degenerative lumbar lumbosacral intervertebral disc. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/29/2015, the injured worker presented for re-evaluation. Objective findings revealed generalized tenderness over the neck, shoulder girdle and the lumbar area. Antalgic gait, bilateral hyporeflexes, positive bilateral straight leg raises, depressed mood and affect were also noted on exam. The treating physician prescribed services for pain psychology consultation and testing, 8 visits of acupuncture, Diclofenac sodium 100mg TB24 #60, plus 2 refills, and Prilosec 20mg #30, plus 1 refill, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consultation and testing: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): s 101-102.

Decision rationale: According to the MTUS, "psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." This worker has a history of depression, is being treated with psychotropic medications and has been receiving psychological follow up. It is appropriate for him to continue to receive psychological follow up which includes periodic testing. The request is medically necessary.

8 visits of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS, acupuncture may be performed 1 to 3 times per week with an optimum duration of 1 to 2 months. Functional improvement should be produced in 3 to 6 treatments. Treatments may be extended if functional improvement is documented. This worker has had acupuncture previously. There is no documentation of functional improvement in response to acupuncture. Therefore additional acupuncture is not appropriate. Even without consideration of the previous acupuncture, 8 sessions of acupuncture cannot be considered medically necessary without first seeing the demonstration of functional improvement with 3 to 6 treatments.

Diclofenac sodium 100mg TB24 #60, plus 2 refills: Upheld

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

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

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Diclofenac may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of Diclofenac for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time. The request is not medically necessary.

Prilosec 20mg #30, plus 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: Proton pump inhibitors such as Prilosec are indicated for patients on NSAIDs at intermediate risk for gastrointestinal events. These risks include age greater than 65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Furthermore there was no other indication for a PPI such as peptic ulcer or GERD. Therefore, Prilosec cannot be considered to be medically necessary.