

Case Number:	CM15-0162162		
Date Assigned:	08/28/2015	Date of Injury:	01/24/2013
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on January 24, 2013. The injury was noted to be a result of cumulative trauma. The injured worker has been treated for low back complaints. The diagnoses have included lumbar radiculopathy and lumbar stenosis. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, aqua therapy, physical therapy and an acupuncture evaluation. The documentation notes the injured worker was working full duty. Current documentation dated July 23, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities with associated numbness. Examination of the lumbar spine revealed no change from the prior visit and a decreased range of motion. The pain was rated a 4-5 out of 10 on the visual analogue scale. The treating physician's plan of care included requests for acupuncture treatments to the lumbar spine 2-3 times a week for 6 weeks (12-18 sessions), Prilosec 20 mg # 90 and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, lumbar spine, 2-3 times a week for 6 weeks (12-18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement 3-6 treatments, frequency 1-3 times per week and optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the injured worker had chronic low back pain with radiation to the bilateral lower extremities. The documentation supports the injured worker had pain and functional deficits indicating a trial of acupuncture treatments is appropriate. However, the guidelines recommend a trial of 6 acupuncture treatments. Therefore, the request for acupuncture treatments sessions to the lumbar spine, 12-18 sessions exceeds the recommended amount of trial sessions and is not medically necessary.

Prilosec 20mg #90 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend the use of non-steroidal anti-inflammatory drugs (NSAIDs) be weighed against both gastrointestinal (GI) and cardiovascular risk factors. It should also be determined if the patient is at risk for gastrointestinal events. The MTUS guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) or a Cox-2 selective agent. Long-term PPI medication use greater than one year has been shown to increase the risk of hip fracture. The Official Disability Guidelines state that the use of proton pump inhibitor medication should be used at the lowest dose for the shortest possible amount of time. In this case, the injured worker is taking the non-steroidal anti-inflammatory drug Naproxen. However, the documentation does not indicate the injured worker has an intermediate gastrointestinal issue or that the injured worker was at increased risk for a GI event that would support the necessity of proton pump inhibitor medication. The request for Prilosec is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommended screening for the risk of addiction prior to initiating opioid therapy. Screening is also recommended after the claimant is already on opioids on a chronic basis and consists of screens for aberrant behavior or misuse. The Official Disability Guidelines (ODG) state that a urine drug screen is recommended at baseline and two to four times a year depending on the injured workers risk of addiction or aberrant use. In this case, the injured worker was prescribed the opioid Tramadol. However, there is lack of documentation as to how long the injured worker has been taking Tramadol or if a urine drug screen has been performed. Urine toxicology screening per the MTUS guidelines supports urine drug screens for ongoing use of opioids, for aberrant behaviors and compliance with medication. However, the medical records are unclear in terms of what risk the injured worker has been assessed, which would determine the frequency of testing. Therefore, the urine toxicology screen is not medically necessary.