

Case Number:	CM15-0168227		
Date Assigned:	09/08/2015	Date of Injury:	04/26/2010
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, Florida, California

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 65-year-old male, who sustained an industrial injury on April 26, 2010. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, lower back, groin, bilateral ribs and left knee complaints. The diagnoses have included chronic pain syndrome, lumbar stenosis, lumbar radiculopathy, thoracic or lumbosacral neuritis or radiculitis, gastritis and post-laminectomy syndrome. Comorbid diagnoses include hypertension and a history of a myocardial infarction. The current work status was not identified. Current documentation dated August 10, 2015 notes that the injured worker reported low back pain, which radiated to the left lower extremity. The pain was characterized as constant and sharp. The injured worker was not taking any pain medication at the present time. Examination of the lumbar spine revealed pain with severe palpable spasms bilaterally and a positive twitch response. Range of motion was painful and decreased. Treatment and evaluation to date has included medications, lumbar epidural steroid injections, six acupuncture treatments, urine drug screen (4-7-2015) and physical therapy. The injured worker was noted to have had greater than 6 months of improved pain with the prior acupuncture treatments. Current medications include Lansoprazole (since at least April of 2015) and Zorvolex. Medications tried and failed include Lyrica, Cymbalta, Nortriptyline, Butrans patch, Oxycontin, Tramadol, Celebrex and Opana. The injured worker was noted to have had intolerable side effects. The treating physicians request for authorization dated August 12, 2015 included Lansoprazole 30 mg # 30 and acupuncture sessions # 6 for the lumbar spine. The original utilization review dated August 19, 2015 denied Lansoprazole 30 mg # 30 due to lack of documentation that the injured worker was an intermediate risk for a gastrointestinal event and acupuncture sessions # 6 for

the lumbar spine due to lack of documentation of functional improvement with prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: This claimant was injured in 2010 with chronic pain syndrome, lumbar stenosis, lumbar radiculopathy, thoracic or lumbosacral neuritis or radiculitis, gastritis and post-laminectomy syndrome. As of August 2015, there is low back pain which radiated to the left lower extremity. The injured worker was noted to have had greater than 6 months of improved pain with the prior acupuncture treatments. Objective, functional improvement however is not documented. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.

Acupuncture, 6 sessions, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant was injured in 2010 with chronic pain syndrome, lumbar stenosis, lumbar radiculopathy, thoracic or lumbosacral neuritis or radiculitis, gastritis and post-laminectomy syndrome. As of August 2015, there is low back pain which radiated to the left lower extremity. The injured worker was noted to have had greater than 6 months of improved pain with the prior acupuncture treatments. Objective, functional improvement however is not documented. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. There is mention of subjective pain reduction, but no objective functional improvements. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional

improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. The sessions were appropriately non-certified under the MTUS Acupuncture criteria. Therefore, the requested treatment is not medically necessary.