

<b>Case Number:</b>	CM15-0203657		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 39 year old female with an industrial injury date of 07-29-2014. Medical record review indicates she is being treated for degeneration of lumbar lumbosacral disc, sprain-strain of thoracic region, finger contusion and carpal tunnel syndrome. Subjective complaints (09- 10-2015) included mid back, lumbar spine, right upper extremity and right hand and right elbow pain. She also complained of numbness in right hand. Work restrictions were documented as 4 hour work day, restricted to lifting 10 pounds, restricted to no rigorous grasping with the right hand and restricted to alternating between standing and sitting as needed by pain and performing repetitive hand motions completely. Current (09-10-2015) medications are listed as Protonix, Gabapentin, Naproxen and Fluoxetine. The treating physician noted the injured worker was not taking any medication. "Patient recently changed primary care provider and had her medications denied by insurance." Prior treatment included physical therapy (temporary relief) and medications. Objective findings (09-10-2015) included alert and oriented. No abnormalities were observed of gait and station. On 10-07-2015 the request for 12 sessions of acupuncture was modified to 6 sessions of acupuncture and the request for 1 prescription of Naproxen sodium 550 mg # 60 with 2 refills was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of acupuncture: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8 & 9 Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). The guidelines specifically recommend 3-6 treatments initially. As the request is for 12 visits the determination, it exceeds the number recommended in the guidelines and is not medically necessary.

**Naproxen sodium 550mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. It is generally recommended that the lowest effective dose be used for the shortest duration of time. NSAIDs should be used with caution due to the potential side effects of cardiovascular, gastrointestinal, hepatic and renal side effects. In this case the documentation does not support that the injured worker has experienced functional benefit from the requested medication. Notes from 6/4/15 through 9/10/15 do not report increase in work status. There is no description in the documentation about the percentage relief and duration of relief from the medication. Long term use of NSAIDs has potential for significant side effects and may not be warranted if no functional benefit is gained from medication use. Therefore the request for Naproxen is not medically necessary.