

Case Number:	CM15-0081766		
Date Assigned:	05/04/2015	Date of Injury:	10/23/1988
Decision Date:	06/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/28/2015

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: California
Certification(s)/Specialty: Emergency 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 68-year-old female, who sustained an industrial injury on October 23, 1988. The injured worker was diagnosed as having cervical radiculopathy, chronic pain, lumbar radiculopathy, fibromyalgia, depression, TMF, and medication related dyspepsia. Treatment to date has included acupuncture, MRIs, electromyography (EMG)/nerve conduction study (NCS), and medication. Currently, the injured worker complains of neck pain that radiates down the bilateral upper extremities, left greater than right, with muscle weakness and spasms, low back pain that radiates down the left lower extremity accompanied by muscle weakness, bilateral upper extremity pain in the fingers and hands, and bilateral lower extremity pain in the feet and toes, with ongoing temporal headaches, medication associated gastrointestinal (GI) upset, and episodic nausea. The Treating Physician's report dated March 30, 2015, noted the injured worker reported the use of acupuncture and medication helpful, rating her pain as 8/10 in intensity on average with medication since last visit, and 10/10 without medication since last visit. Cervical examination was noted to show spinal vertebral tenderness at C5-C7, myofascial trigger points with twitch response in the left trapezius muscles and left rhomboid muscles, with moderately limited range of motion (ROM) in the cervical spine due to pain. The lumbar spine examination was noted to show spasms L4-S1 in the paraspinal musculature, with tenderness to palpation in the bilateral paravertebral area L4-S1 levels, and straight leg raise in the seated position positive on the left for radicular pain at 70 degrees. The injured worker was noted to have had an acute on chronic exacerbation of pain symptoms. The treatment plan was noted to include acupuncture therapy, and renewal of current medications including Pantoprazole, Lidoderm patch, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested 4 Acupuncture visits, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has neck pain that radiates down the bilateral upper extremities, left greater than right, with muscle weakness and spasms, low back pain that radiates down the left lower extremity accompanied by muscle weakness, bilateral upper extremity pain in the fingers and hands, and bilateral lower extremity pain in the feet and toes, with ongoing temporal headaches, medication associated gastrointestinal (GI) upset, and episodic nausea. The treating physician has documented spasms L4-S1 in the paraspinous musculature, with tenderness to palpation in the bilateral paravertebral area L4-S1 levels, and straight leg raise in the seated position positive on the left for radicular pain at 70 degrees. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living, reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 4 Acupuncture visits, is not medically necessary.

Naproxen 550mg, two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 550mg, two (2) times per day, #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory 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." The injured worker has neck pain that radiates down the bilateral upper extremities, left greater than right, with muscle weakness and spasms, low back pain that radiates down the left lower extremity accompanied by muscle weakness, bilateral upper extremity pain in the fingers and hands, and bilateral lower extremity pain in the feet and toes, with ongoing temporal headaches,

medication associated gastrointestinal (GI) upset, and episodic nausea. The treating physician has documented spasms L4-S1 in the paraspinal musculature, with tenderness to palpation in the bilateral paravertebral area L4-S1 levels, and straight leg raise in the seated position positive on the left for radicular pain at 70 degrees. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg, two (2) times per day, #60, is not medically necessary.

Pantoprazole DR 20mg, every day #30: 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, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Pantoprazole DR 20mg, every day #30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has neck pain that radiates down the bilateral upper extremities, left greater than right, with muscle weakness and spasms, low back pain that radiates down the left lower extremity accompanied by muscle weakness, bilateral upper extremity pain in the fingers and hands, and bilateral lower extremity pain in the feet and toes, with ongoing temporal headaches, medication associated gastrointestinal (GI) upset, and episodic nausea. The treating physician has documented spasms L4-S1 in the paraspinal musculature, with tenderness to palpation in the bilateral paravertebral area L4-S1 levels, and straight leg raise in the seated position positive on the left for radicular pain at 70 degrees. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole DR 20mg, every day #30, is not medically necessary.