

Case Number:	CM15-0083582		
Date Assigned:	05/05/2015	Date of Injury:	06/08/2007
Decision Date:	06/11/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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 58-year-old male, who sustained an industrial injury on 6/08/2007. Diagnoses include chronic myofascial pain syndrome, chronic cervical spine strain and lumbar sprain. Treatment to date has included acupuncture, home exercise, medications diagnostics including electrodiagnostic testing and modified work. Per the Primary Treating Physician's Progress Report dated 4/17/2015, the injured worker reported pain in the neck with some numbness of the left hand. Physical examination revealed decreased range of motion of the cervical spine by 10% in all planes, positive scar to cervical spine, and decreased strength in left upper extremity. There were spasms of the left trapezius and a positive Spurling's sign. The plan of care included acupuncture and medications and authorization was requested for Naprosyn, Omeprazole, LidoPro and 10 sessions of acupuncture. There has been between 6-10 sessions of prior acupuncture. GERD symptoms are reported with NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAIDS and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines support the use of PPI's when there are GI symptoms associated with NSAID use. This individual is utilizing Naprosyn with benefits and the physician has documented GERD symptoms as a result of NSAID use. Under these circumstances, Guidelines support the use of Omeprazole 20mg. on a daily basis. The Omeprazole 20mg is medically necessary.

Lidopro x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-e84b224a207e>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines are very specific that the only form of topical Lidocaine supported is chronic localized neuropathic pain is Lidoderm due to the variable absorption of creams and ointments. There are no unusual circumstances to justify an exception to Guidelines. The Lidopro X's 2 is not supported by Guidelines and is not medically necessary.

10 Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines supports up to 6 sessions of acupuncture as adequate under most circumstances. This individual has completed at least 6 sessions of acupuncture with little change in other treatments utilized. The request for an additional 10 sessions of acupuncture vastly exceeds what Guideline is recommended. There are no unusual circumstances to justify this request. The request for 10 Acupuncture sessions is not supported by Guidelines and is not medically necessary.