MAXIMUS Federal Services

| Case Number: | CM14-0143177 | | |
|---|---|---|---|
| Date Assigned: | 09/10/2014 | Date of Injury: | 04/20/2012 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 09/04/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 54 year old female who was injured on 04/20/2012. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the right wrist dated 10/30/2013 revealed no abnormalities. The patient underwent right first dorsal compartment release on 07/11/2012. Follow-up note dated 07/01/2014 states the patient complained of left hand pain rated as 7/10. The pain is alleviated by lying down and resting. The right hand pain is rated as 6/10. On exam, wrist range of motion revealed right flexion at 50 and left flexion at 60; right extension at 45 and left extension at 60; right radial deviation at 15; left radial deviation at 20; right ulnar deviation at 25 and left ulnar deviation at 30. The patient has positive Tinel's, Phalen's and median nerve compression. She has diminished grip strength with Jamar on the left is 15 lbs 3 times and on the right is 10, 7, 7. The patient is diagnosed with cervical myalgia and myositis, tenosynovitis bilaterally, carpal tunnel syndrome on the right, carpal tunnel syndrome median nerve compression ion the right. The patient has been recommended for the requests listed below. Prior utilization review dated 08/05/2014 states the requests for Electro-Acupuncture, for an additional 15 minutes, once (1) time per week for 6 weeks; Electro-Acupuncture first 15 minutes, 1 time a week for 6 weeks (6 visits); Infrared lamp acupuncture, 1 time a week for 6 weeks (6 visits); Infrared lamp acupuncture, 1 time a week for 6 weeks (6 visits); Myofascial release, 1 time per week for 6 weeks (6 visits); Retrospective refill of Omeprazole 20mg, #90 (DOS: 07/01/14) are denied as medical necessity has not been established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-Acupuncture, for an additional 15 minutes, once (1) time per week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain, Acupuncture

**Decision rationale:** Acupuncture is not recommended in CTS. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. The existing evidence is not convincing enough to suggest that acupuncture is an effective therapy for CTS. Acupuncture is under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it maybe used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; which is not the case in this IW. The request is therefore, not medically necessary per guidelines.

**Electro-Acupuncture first 15 minutes, 1 time a week for 6 weeks (6 visits):** Upheld

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

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

**Decision rationale:** Acupuncture is not recommended in CTS. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. The existing evidence is not convincing enough to suggest that acupuncture is an effective therapy for CTS. Acupuncture is under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it maybe used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; which is not the case in this IW. The request is therefore, not medically necessary per guidelines.

**Infrared lamp acupuncture, 1 time a week for 6 weeks (6 visits):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Acupuncture

**Decision rationale:** Acupuncture is not recommended in CTS. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. The

existing evidence is not convincing enough to suggest that acupuncture is an effective therapy for CTS. Acupuncture is under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it maybe used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; which is not the case in this IW. The request is therefore, not medically necessary per guidelines.

**Myofascial release, 1 time per week for 6 weeks (6 visits):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** Per guidelines massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to otherrecommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases.Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. This lack of long-term benefits could be due to the shorttreatment period or treatments such as these do not address the underlying causes of pain. In this case, there is no documentation of an ongoing or plan for exercise therapy. The request is thus not medically necessary per guidelines.

**Retrospective refill of Omeprazole 20mg, #90 (DOS: 07/01/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms & Cardiovascular Risk Page(s): 68.

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

**Decision rationale:** According to the CA MTUS, Omeprazole (Prilosec)"PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a differentNSAID, or consider H2-receptor antagonists or a PPI. The guidelines also recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events. Furthermore, in absence of documented dyspepsia unresponsive to change of NSAID, the medical necessity of Prilosec has not been established.