

Case Number:	CM14-0162618		
Date Assigned:	10/07/2014	Date of Injury:	09/25/2006
Decision Date:	11/03/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 injured worker is a 61-year-old female who sustained an injury on 9/25/06. As per 9/5/14 report, the patient presented with debilitating shoulder pain which was described as throbbing and infrequent. No objective findings were reported. MRI of the left shoulder dated 12/23/13 revealed mild rotator cuff tendinosis/tendinopathy but without tear and mild DJD (degenerative joint disease). EMG studies of left shoulder dated 8/18/14 revealed chronic mild left C5-6 radiculopathy with evidence of mild median nerve pathology of the left wrist of uncertain clinical significance. X-rays of the left shoulder revealed changes compatible with acromioplasty, and partial AC (acromioclavicular) joint resection. She had left shoulder arthroscopy in 2007. She is currently on Omeprazole, Tramadol and Vimovo (naproxen). Previous treatments have included physical therapy and medications. As per the 8/06/14 report, pharmaceuticals were not providing sufficient relief and impact of symptoms was significantly affecting activities of daily living. 12 sessions of acupuncture were accepted on 7/15/14 and the patient had good response to it; so additional acupuncture was recommended in anticipation of improved function and functional restoration. Diagnoses include left impingement syndrome and left rotator cuff tear, non-traumatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (Prilosec) 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

Decision rationale: According to the CA MTUS, Omeprazole (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 different NSAID, or consider H2-receptor antagonists or a PPI. The guidelines recommend GI protection for patients with specific risk factors, however, the medical records in this case do not establish the patient is at significant risk for GI events / risks as stated above. Therefore, the medical necessity of the request is not established at this time.

Tramadol (Ultracet) 37.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

Decision rationale: According to the CA MTUS Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, a diverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, the clinical information is limited and there little to no documentation of any significant improvement in pain level (i.e. VAS (visual analog scale)) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity of Tramadol has not been established.

Additional acupuncture, left shoulder 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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. Acupuncture treatments may be extended if functional improvement is documented. The medical records do not show pain medications are reduced or not tolerated. There is no documentation of significant improvement in pain level (i.e. VAS) or function with this modality. Therefore, the medical necessity of the request of Acupuncture is not established.