

Case Number:	CM14-0168352		
Date Assigned:	10/16/2014	Date of Injury:	05/01/2004
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 Emergency Medicine 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 has a reported date of injury of 5/1/2004. No mechanism of injury was provided for review. The patient has a diagnosis of cubital tunnel syndrome of R elbow, carpal tunnel syndrome of R hand, complex regional pain syndrome of R upper extremity, R trigger thumb, depression and gastrointestinal issues. Medical reports were reviewed of the last report available until 9/5/14. The patient complains of R upper extremity pains and locking of fingers/hand, and severe pain and numbness. The patient reportedly received acupuncture in the past that "helped decrease" symptoms. An objective exam reveals coolness and mottling of skin at R upper extremity. Elbow exam has Tinel's sign. R wrist reveals healed scars and Tinel's and Triggering were noted. Strength is normal. Sensory exam reveals decreased sensation along ulnar nerve of R upper extremity. There is a note stating "follow up with GI specialist" but no other details or reasoning was provided. No reports or notes from the GI specialist were provided for review. No medication list was provided. Last list was over 1 year old. Note mentions that Motrin was prescribed for inflammation and swelling and Prilosec was for "heartburn". No imaging or electrodiagnostic studies were provided for review. Independent Medical Review is for additional acupuncture visits #8; continue follow up with GI specialist and Prilosec 20mg #60. A prior UR on 9/24/14 recommended non-certification. It certified Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional eight acupuncture treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture guidelines, it does not recommend more than 6 acupuncture sessions. The patient has received multiple prior sessions in the past that "helped" pain but there is no objective documentation of improvement in pain or function. The number of requested sessions also exceeds guidelines. Acupuncture is not medically necessary.

Continue to follow with a GI specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, page 127 Official Disability Guidelines: Low Back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability. The provider has failed to provide any rationale for consultation or follow up with a GI specialist. The only noted problems the patient has are "heartburn" from medications and "GI issues". There is no reason the provider cannot manage simple heartburn and there is no documentation or reports from the GI specialist noting why a specialist is needed. The request for follow up with a GI specialist is not medically necessary.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms and ca.

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Since the prior UR decided to approve Motrin and patient has "heartburn"/dyspepsia, use of Prilosec is medically indicated.