

Case Number:	CM14-0092991		
Date Assigned:	07/25/2014	Date of Injury:	09/12/2011
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 46-year-old female who reported an injury on 09/12/2011. The mechanism of injury was the injured worker was walking up a step and stumbled and put her left leg back to catch herself, and she felt her left calf muscle pop and had immediate pain and her calf began to fill up with blood and became swollen. Prior treatments included physical therapy, a TENS unit, and medications. The injured worker's current medications were noted to be Ultram, Flexeril, Motrin, alprazolam, and iron. The injured worker was noted to have an MRI of the lumbar spine without contrast. The documentation of 05/19/2014 revealed the injured worker had pain that was off and on tingling down the low back. The injured worker's left calf was noted to be always flexed and tight. The injured worker had tingling in the left calf. The injured worker complained of a lump in the low back that was growing on the left lower side of the back where she wears her radio and handcuffs. The injured worker was noted to have undergone an MRI. The physical examination revealed the injured worker had 2+ tenderness in the lumbar spine with right sciatica and left medial calf tenderness. The injured worker had a positive supine and seated straight leg raise at 60 degrees. The injured worker had a positive Lasgue's test. The injured worker had no areas of hypesthesia. The injured worker was noted to have x-rays of the lumbar spine with AP and lateral and oblique views with flexion and extension revealing the overall osseous density was normal. The disc spaces were well maintained. There was no sign of spondylolysis and spondylolisthesis. The injured worker had x-rays of the AP pelvis, which revealed the overall osseous density was within normal limits. There was no sign of fracture or dislocation and no abnormalities of the sacroiliac joints. There were x-rays of the left tibia and fibula, which were within normal limits with no acute fracture or dislocation. The diagnosis include status post left calf partial rupture and herniated nucleus pulposus of the lumbar spine. The treatment plan included as the injured worker had received

extensive physical therapy it was of little benefit and in order for the injured worker to get better the physician opined a short course of acupuncture for the lumbar spine 2 to 3 times a week would be appropriate. Additionally, the documentation indicated the injured worker had some problems with her stomach, and the physician would like to prescribe Duexis to help with the stomach. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination. However, there was a lack of documentation indicating the injured worker's pain medication was reduced or not tolerated and that the treatment would be utilized as an adjunct to physical rehabilitation. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for acupuncture sessions lumbar is not medically necessary.

Prospective usage of Duexis 800/26.6mg: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis.

Decision rationale: The Official Disability Guidelines indicate that Duexis is not recommended as a first line medication. The clinical documentation submitted for review indicated the injured worker was utilizing an NSAID. There was a lack of documentation of failure of an NSAID alone. There was documentation indicating the injured worker had the necessity for a proton pump inhibitor and there was a lack of documentation indicating a failure of the proton pump inhibitor. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for prospective usage of Duexis 800/26.6 mg is not medically necessary.

