

Case Number:	CM14-0196545		
Date Assigned:	12/19/2014	Date of Injury:	06/27/2002
Decision Date:	02/17/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice and is licensed to practice in Ohio. 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 56 year old male who fell from a ladder on 6-27-2002 fracturing his left wrist. He subsequently had surgery for the fracture but had also developed pain chronically in the neck radiating to the arms, left shoulder, left wrist, left knee, left hand, and low back. He has additionally had a left knee arthroscopy in 2008 and a left shoulder arthroscopy in 2014. He continues to complain of pain to all of these regions on the order of 4-6/10. There are intermittent reports in the record of abdominal pain that has been speculated to be the result of NSAID gastropathy although there is no record of oral NSAIDs being used or prescribed. He has been prescribed Norco chronically with reports of pain reduction of 50%. He has been prescribed omeprazole for abdominal pain. Several requests for NSAID containing creams appear in the record but there is no evidence they have been approved. The injured worker told the medical examiner that he has heartburn and drinks between 0-2 alcoholic beverages daily. The physical exam reveals diminished range of motion and tenderness of the cervical and lumbar spine, the left hip, left shoulder, and the hands. There is diminished sensation in the left C6-C8 dermatome levels. The diagnoses include cervical disc displacement, lumbar sprain, left shoulder sprain, lumbar radiculopathy, sprain of hip and thigh, and lumbar facet syndrome. At issue are requests for Norco 10/325 mg #90, Omeprazole 20 mg #60, and 16 sessions of acupuncture. Utilization review did not certify the Norco on the basis of no demonstrated functional gains. The Omeprazole was not certified as the injured worker is not taking NSAIDs, The acupuncture quantity requested exceeded ODG guideline limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Acupuncture.

Decision rationale: ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this instance, the quantity of acupuncture requested exceeds the recommended number allowed by the available guidelines. Therefore, 16 sessions of acupuncture are not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Definition of functional improvement, Page(s): 74-96; 1.

Decision rationale: Patients prescribed opioids chronically should have ongoing assessment of pain, functionality, side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain and functionality and/ or the injured worker has regained employment. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, a review of the medical record fails to show evidence of functional improvement as a consequence of the Norco. Therefore, Norco 10/325 mg #90 is not medically necessary. A reduced quantity has previously been certified to allow for weaning.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms& cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors like Omeprazole may be prescribed for dyspepsia caused by NSAIDs or to prevent gastric ulceration when NSAIDs are prescribed in high doses, there are multiple NSAIDs, the patient is >65 years of age, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant. In this instance, the abdominal pain, when present, has not been further characterized. The agreed medical examiner discovered the injured worker had heartburn and was also consuming alcoholic beverages. There is no evidence that the injured worker is in fact using NSAIDs. Consequently, in the context of California workman's compensation guidelines, Omeprazole 20 mg #60 is not medically necessary. The injured worker may certainly benefit from omeprazole but the use of this medication does not appear to be covered by the referenced guidelines.