

Case Number:	CM15-0005464		
Date Assigned:	01/16/2015	Date of Injury:	09/05/2012
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained a work/ industrial injury while driving an automobile with a patient on 9/5/12. She has reported symptoms of bilateral sharp shoulder pain, stabbing and throbbing; back pain sharp, burning, and throbbing. The diagnoses have included musculoligamentous sprain of the cervical spine with upper extremity radiculitis, disc protrusions C2-T1, internal derangement of both shoulders, tear of rotator cuff, left shoulder, tendinitis, musculoligamentous sprain o the lumbar spine with lower extremity radiculitis, disc protrusion at L2-4; internal derangement of left knee, and chondromalacia of left knee. Treatment to date has included physical therapy, back brace, oral analgesics, and antispasmodics. Last dated Magnetic Resonance Imaging (MRI) was on 7/6/13. The treating physician requested Naproxen Sodium for pain management, Omeprazole, Magnetic Resonance Imaging (MRI) of the cervical spine, and Acupuncture. On 12/10/14, Utilization Review modified Naproxen Sodium 550 mg #60 with 5 refills modified to Naproxen Sodium 550 mg #60 with 1 refill; and non-certified Omeprazole 20 mg #30 once daily with 5 refills, MRI of the cervical Spine (Retroactive review, done 7/8/14), and Acupuncture 2 x week x 8 sessions, noting the Medical treatment Utilization Schedule (MTUS) and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (MTUS) 2009

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is pain, although there is no indication that prior use of NSAIDs has provided any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. Furthermore, the requested 6-month supply of medication is not conducive to regular reevaluation for efficacy and continued need. In light of the above issues, the currently requested naproxen is not medically necessary.

Omeprazole 20mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibiter Page(s): 68.

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

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, the request for a 6-month supply of medication is not conducive to reevaluation for efficacy and continued need. In light of the above issues, the currently requested omeprazole is not medically necessary.

MRI of the cervical spine (retrospective done 7/8/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index 9th Ed. (web) 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter, MRI

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not specifically address repeat MRI. ODG states that repeat MRI is not routinely recommended and should be

reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no indication of any red flags, neurologic deficits, or another clear indication for repeating the MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.

Acupuncture 2 times per week for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index 9th ED. Web 2011

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.