MAXIMUS Federal Services

Case Number:	CM15-0012992		
Date Assigned:	01/30/2015	Date of Injury:	12/08/2008
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old female, who sustained an industrial injury on 12/08/2008. She has reported subsequent neck, back and upper extremity pain and was diagnosed with cervical degenerative disease, myofascial pain, lumbar degenerative disc disease and cervical radiculopathy. Treatment to date has included oral and topical pain medication, TENS unit, a home exercise program and acupuncture. In a progress note dated 12/17/2014, the injured worker was noted to complain of continued 6/10 pain to multiple areas of the body. Objective findings were notable for decreased lumbar and cervical range of motion and tenderness to palpation. The physician submitted a request for refills of Ibuprofen, Omeprazole and Acupuncture. On 12/31/2014, Utilization Review non-certified a request for Ibuprofen, noting that there was no documentation showing evidence of medication efficacy, non-certified a request for Omeprazole, noting that since Ibuprofen was found not medically necessary, the necessity for use of this medication as a prophylactic medication cannot be supported and non-certified a request for 6 sessions of acupuncture, noting that the amount of previous therapy is unknown and the functional benefit is not documented. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 200mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. The applicant has demonstrated a favorable response to earlier usage of ibuprofen as evinced by her successful return to and/or maintenance of full-time regular duty work status. Per the treating provider, the applicant is also deriving appropriate analgesia with the same. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: .Similarly, the request for Omeprazole, a proton pump inhibitor, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia. Here, the attending provider seemingly suggested that the applicant was experiencing intermittent issues of dyspepsia and/or reflux, either NSAID-induced or stand-alone. Ongoing usage of Prilosec (Omeprazole) was indicated to combat the same. Therefore, the request is medically necessary.

Acupuncture for cervical spine qty: 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for six sessions of acupuncture was likewise medically necessary, medically appropriate, and indicated here. The request in question represents a renewal or extension request for acupuncture. The applicant had had earlier unspecified amounts of acupuncture over the course of the claim, including in 2012. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, the applicant has demonstrated prima facie evidence of functional improvement as defined in

Section 9792.20f as evinced by her maintenance of full-time, regular duty work status. The applicant is already only using over-the-counter analgesics such as Ibuprofen (Motrin) on a p.r.n. basis. All of the foregoing, taken together, does suggest that previous acupuncture has generated functional improvement in terms of the measures established in MTUS 9792.20f. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.