

Case Number:	CM15-0126385		
Date Assigned:	07/13/2015	Date of Injury:	11/13/2013
Decision Date:	08/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/30/2015

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

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 was a 43 year old female, who sustained an industrial injury, November 13, 2013. The injured worker previously received the following treatments status post left knee surgery, physical therapy, Ultram, Naproxen, Omeprazole, home exercise program, random toxicology laboratory studies which were negative for any unexpected findings, left knee x-rays and left knee MRI. The injured worker was diagnosed with unspecified internal derangement of the left knee. According to progress note of May 14, 2015, the injured worker's chief complaint was left knee pain with radiation into the left leg. There was associated weakness and numbness at night and tingling sensation at the calf in the leg. The pain was described as moderate in intensity. The injured worker described the pain as dull, achy, cramping and burning with pins and needles sensation. The injured worker rated the pain at 5-6 out of 10 and 9 out of 10 at the worst. The average level of the pain was 6 in the last 7 days. The pain was aggravated by kneeling, stooping, crawling, doing exercises, pushing a shopping cart and leaning forward, prolonged standing and walking. The relieving symptoms were mediations, lying down and relaxing. The physical exam of the lumbar spine noted full range of motion. There was mop tenderness of the sciatic notch. There were no spasms noted in the gluteal or piriformis. There was normal bulk and tone of all major muscle groups of the lower extremities. The sensation was grossly intact to the bilateral lower extremities. The pain was described as dull, aching, cramping and burning with pins and needles sensation. The treatment plan included acupuncture sessions and a prescription for renewal Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 9 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 05/14/15 progress report provided by treating physician, the patient presents with left knee pain radiating to left leg rated 5-9/10. The patient is status post left knee surgery, date unspecified. The request is for acupuncture 9 visits. Patient's diagnosis per Request for Authorization form dated 05/22/15 includes unspecified internal derangement of knee. Physical examination of the left knee on 05/14/15 revealed flexion to 120 degrees. Positive anterior drawer test and positive varus/valgus instability. Treatment to date included surgery, imaging studies, physical therapy, home exercise program and medications. Patient's medications include Ultram, Trazodone, Naproxen and Omeprazole. The patient is temporarily totally disabled. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. Given patient's symptoms and diagnosis, a trial of acupuncture would appear to be indicated. UR letter dated 05/29/15 states "...the patient has been previously approved for acupuncture therapy two times a week for three to four weeks. However, documentation does not state whether or not the patient has participated in these approved sessions..." Treater has not provided reason for the request, nor discussed efficacy of treatment in terms of reduction in pain and improvement in function. MTUS guidelines indicate that 1 to 2 additional sessions per month are appropriate with documentation of functional improvement following acupuncture treatment. In this case, treater is requesting 9 sessions in addition to previously authorized 6 to 8 sessions, which would exceed guideline recommendations. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg po bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 05/14/15 progress report provided by treating physician, the patient presents with left knee pain radiating to left leg rated 5-9/10. The patient is status post left knee surgery, 03/19/14. The request is for Omeprazole 20mg PO BID #60. Patient's

diagnosis per Request for Authorization form dated 05/22/15 includes unspecified internal derangement of knee. Physical examination of the left knee on 05/14/15 revealed flexion to 120 degrees. Positive anterior drawer test and positive varus/valgus instability. Treatment to date included surgery, imaging studies, physical therapy, home exercise program and medications. Patient's medications include Ultram, Trazodone, Naproxen and Omeprazole. The patient is temporarily totally disabled. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole and Naproxen have been included in patient's medications, per progress reports 12/05/14, 04/16/15, and 06/18/15. Per 05/14/15 report, treater has cited guidelines without providing medical rationale for the request. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, the patient has been prescribed Omeprazole at least since 12/05/14, which is more than 5 months from UR date of 05/29/15; and treater does not discuss how the patient is doing and why medication needs to be continued. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.