

<b>Case Number:</b>	CM15-0179308		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Family Practice

### 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 28-year-old female who sustained an industrial injury on 09-02-15. A review of the medical records reveal the injured worker is undergoing treatment for blunt trauma to the left elbow resulting in cubital tunnel syndrome with triceps insertion tendinopathy, cervical strain, recurrent left ulnar neuropathy with subluxation. Medical records (08-20-15)) reveal the injured worker complains of "recurrent neck pain that radiates into her shoulders, which has previously been relieved with therapy." She does note "persistent gradual improvement" in the tenderness and weakness in the left upper extremity following surgery. The physical exam reveals, "Active cervical range of motion is limited most notable and lateral bending." Treatment has included occupational therapy, left cubital tunnel release, and redo left ulnar nerve decompression within the cubital tunnel, internal neurolysis of the ulnar nerve at the left elbow with internal lengthening of the motor branches with microscopic dissection and Z-lengthening of the common flexor origin of the flexor muscle mass of the left elbow on 04-15-15. Utilization review (09-02-15) modified to allow six sessions of acupuncture and non-certified Protonix 20 mg #60. The medical records note history of gastritis with NSAID use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. In this case, the medical records note that Utilization Review has modified to allow for six sessions. The request for 8 sessions exceeds the amount recommended by the MTUS guidelines. The request for Acupuncture 2 times a week for 4 weeks is not medically necessary and appropriate.

**Protonix 20mg #60 (retrospective 08/20/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Proton Pump Inhibitors.

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). In this case, the medical records note a history of gastritis with NSAID use and the injured worker is currently prescribed NSAIDs. However, as noted in ODG, Protonix is considered second line proton pump inhibitor. The medical records do not establish failure of first line PPI (proton pump inhibitors) such as omeprazole. Furthermore, the long-term use of proton pump inhibitors is not supported. Per ODG, the potential adverse effects of long-term proton pump inhibitor use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). The request for Protonix 20mg #60 (retrospective 08/20/15) is not medically necessary and appropriate.