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| Case Number: | CM15-0038453 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 03/26/2013 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 02/24/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57-year-old female, who sustained an industrial injury on 3/26/13. Several documents within the medical records are difficult to decipher. She reported neck and back pain. The injured worker was diagnosed as having cervical strain, low back strain with right lower extremity L5 lumbar radiculopathy, right ankle sprain, sleep disturbance due to pain, and headaches. Treatment to date has included chiropractic treatment and physical therapy. Currently, the injured worker complains of neck pain, wrist/hand pain, low back pain with radiation to the right lower extremity, and right ankle pain. The treating physician requested authorization for acupuncture sessions 2x3 for the lumbar spine, Naproxen 550mg #60 with 5 refills, and Prilosec 20mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Sessions 2 Times A Week for 3 Weeks lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 57 year old female has complained of neck pain and low back pain since date of injury 3/26/13. She has been treated with chiropractic therapy, physical therapy and medications. The current request is for acupuncture sessions 2 times a week for 3 weeks lumbar spine. Per the ACOEM guidelines cited above, acupuncture is not indicated in the treatment of low back pain. Based on the available medical documentation and per the ACOEM guidelines cited above, acupuncture is not indicated as medically necessary.

Naproxen 550 MG #60 with 5 Refills: Upheld

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

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

Decision rationale: This 57 year old female has complained of neck pain and low back pain since date of injury 3/26/13. She has been treated with chiropractic therapy, physical therapy and medications. The current request is for Naproxen 550 mg # 60, 5 RF. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. The duration of request exceeds the recommended duration of use. Based on the available medical records and per the MTUS guidelines cited above, Naproxen is not indicated as medically necessary in this patient.

Prilosec 20 MG #30 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 57 year old female has complained of neck pain and low back pain since date of injury 3/26/13. She has been treated with chiropractic therapy, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficult colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.