

Case Number:	CM13-0023940		
Date Assigned:	11/15/2013	Date of Injury:	07/18/2012
Decision Date:	01/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old female who reported an injury on 07/18/2012. The mechanism of injury was repetitive heavy lifting. Her immediate treatment included physical therapy, medications, and steroid injections which provided little to no benefit. She then received MRI of the shoulder and a subsequent, unspecified surgery with post-operative physical therapy and manipulation. During this time she developed neck pain which an MRI confirmed degenerative disc disease with foraminal stenosis at C5-6 and C6-7. She then received more physical therapy, massage therapy, and acupuncture for both her shoulder and neck complaints. A clinical note dated 10/08/2013 reported that the patient did not receive any benefit from the 10 acupuncture sessions, so she terminated treatments. She is noted to have intact sensation throughout and 4/5 motor strength to the right abduction, adduction, and right bicep. Her right shoulder ranges of motion include flexion of 50 degrees, extension of 10 degrees, and abduction of 65 degrees. The patient continues to have neck and bilateral shoulder pain. That she currently treats with cold/heat packs, stretching, and home exercise

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, right shoulder, 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, and as an adjunct to a physical therapy program. Guidelines recommend a-3 times weekly for up to 2 months if significant functional improvement is documented, with 3-6 treatments to produce effect. There are multiple notes in the medical records, the most recent dated 10/08/2013 which stated the patient had approximately 10 sessions of acupuncture with no relief. There is also no objective acupuncture documentation included with the medical records to determine efficacy. As such, the request for acupuncture to the right shoulder, 2 x 6 is non-certified.

Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: California MTUS Guidelines recommend the use of opioids to treat chronic pain and have put forth criteria for on-going management of the medications. This criteria include one physician prescribing the lowest effective dose, monitoring pain levels using the VAS scale, adverse side effects, objectively improved functioning, aberrant behaviors, and urine drug screening. The medical records provided for review did not include any evidence of a urine drug screen being completed, nor did it address the effectiveness of the pain medication as it relates to decreased pain levels and increased function. Furthermore, there were no indications of intended dosage and frequency. Therefore, the request for Percocet is non-certified.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: California MTUS Guidelines do not recommend the use of Soma for longer than 2-3 weeks as it has high rates of dependence and abuse. The medical records indicate that the patient has been prescribed this medication since August of 2013 with no documentation of its effect on her pain levels of functioning. There is also no indicated dose or frequency of use included in the request. As such, the request for Soma is non-certified.

Voltaren: 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): 67,73.

Decision rationale: California MTUS Guidelines recommend the use of NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Voltaren is recommended at a dose of 50mg by mouth 2-3 times daily or 75mg twice daily, and it is noted that dosages greater than 150mg per day are not recommended. There is also an extended release version of Voltaren recommended for chronic use. As the current request does not specify whether the medication is oral or topical and has no recommended dosage or intended frequency, the request for Voltaren is non-certified.