

Case Number:	CM13-0058875		
Date Assigned:	12/30/2013	Date of Injury:	03/24/2010
Decision Date:	04/14/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine, 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 injured worker with date of injury 3/24/10 with related right shoulder complaints. The patient was diagnosed with right rotator cuff tear and cervical spine, thoracic spine, and lumbar spine myofascial sprain/strain, and impingement syndrome of the right shoulder. MRI (magnetic resonance imaging) of the cervical spine dated 10/5/12 showed a 2-2.5 mm disc at C4-C5, C5-C6 and C6-C7. MRI of the right shoulder dated 10/9/12 showed a tear of the anterior fiber of the supraspinatus, tendonitis, subacromial narrowing, and acromioclavicular degenerative changes. MRI of the lumbar spine dated 1/16/13 showed mild bulging at L3-L4 and L4-L5. The patient underwent arthroscopic subacromial decompression and rotator cuff repair 8/22/13. The treatment to date has included physical therapy, chiropractic treatment, trigger point injections, and medication management. The date of utilization review decision was 10/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Mosby's Drug consult, Vetran Health Administration, Department of Defense, Va/DoD clinical practice guidelines for the management of opioids therapy for chronic pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: The MTUS/ACOEM guidelines state "The safest effective medication for acute musculoskeletal and eye problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely." As this request does not contain information regarding quantity or dosage, medical necessity cannot be affirmed. It should be noted that the utilization review physician has certified Motrin 300mg 1 month supply.

MIRALAX: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Mosby's Drug consult, Vetrean Health Administration, Department of Defense, Va/DoD clinical practice guidelines for the management of opioids therapy for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Other Medical Treatment Guideline or Medical Evidence: Micromedex DrugNotes via PubMed Health.

Decision rationale: The MTUS is silent on the use of this medication. Per Micromedex DrugNotes via PubMed Health, Miralax is used to treat occasional constipation. According to the MTUS and Official Disability Guidelines (ODG) citations above, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy." The medical records submitted for review do not note constipation as a side effect secondary to treatment of the industrial injury. Furthermore, as this request does not contain information regarding quantity or dosage medical necessity cannot be affirmed. It should be noted that the utilization review physician has certified Miralax 1 month supply.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Mosby's Drug consult, Vetrean Health Administration,

Department of Defense, Va/DoD clinical practice guidelines for the management of opioids therapy for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 78,91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." A review of the available medical records reveal no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS (urine drug screen), opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Furthermore, as this request does not contain information regarding quantity or dosage, medical necessity cannot be affirmed. It should be noted that the utilization review physician has certified Norco 5/325mg 1 month supply.

CITRUCEL: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Mosby's Drug consult, Vetrean Health Administration, Department of Defense, Va/DoD clinical practice guidelines for the management of opioids therapy for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS is silent on the use of this medication. Citrucel (methylcellulose) is used to relieve constipation and maintain regularity. According to the MTUS and Official Disability Guidelines (ODG), citations above, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral

opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy." The medical records submitted for review do not note constipation as a side effect secondary to treatment of the industrial injury. Furthermore, as this request does not contain information regarding quantity or dosage, medical necessity cannot be affirmed.

ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Mosby's Drug consult, Vetrean Health Administration, Department of Defense, Va/DoD clinical practice guidelines for the management of opioids therapy for chronic pain

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." The MTUS definition of functional improvement is as follows: "'Functional improvement' means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." The documentation submitted for review indicates that the injured worker was treated with acupuncture in January 2011, but lacks evidence of functional benefit from the treatment. As such, the request is not appropriate and is not medically necessary.

NORCOSOFT: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Mosby's Drug consult, Vetrean Health Administration, Department of Defense, Va/DoD clinical practice guidelines for the management of opioids therapy for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Immobilization

Decision rationale: Per Official Disability Guidelines (ODG) with regard to shoulder immobilization, "Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain,

swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications." The request is not medically necessary. The utilization review physician rationale for denial is not found in the documents available for my review.