

Case Number:	CM14-0152035		
Date Assigned:	09/22/2014	Date of Injury:	02/13/2014
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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:

This is a 63-year-old female with a 2/13/2004 date of injury. A specific mechanism of injury was not described. 9/3/14 determination was non-certified. The determination's report was incomplete and the reasons for non-certification were not included. There were several additional determinations for multiple requests (mostly medications) also provided for review. 8/15/14 medical report indicated pain with medications at 7/10 and without medications 10/10. Activity levels had remained the same. The patient continued to use long acting morphine (Kadian) through private insurance. The patient reported some good benefit of pain reduction initially with right shoulder steroid injection, but gradually wore off. The patient described constant pain in the right shoulder. That was aggravated by her daily activities. The patient wanted to trial any alternative type of therapeutic modalities to address her pain. Exam indicated that the patient appeared in mild distress, anxious, and in moderate pain. There was restricted range of motion and positive Hawkins' test. It was noted that the patient's PCP provided MS Contin, Vicodin, and Baclofen, and Amitiza was been prescribed for opioid induced constipation. It was also noted that Colace, Senokot S, and Metamucil were ineffective. A request was made for acupuncture 6 sessions to address flared right shoulder pain and symptoms. Diagnosis includes shoulder pain s/p right shoulder surgery, Bankart procedure and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lubiprostone (Amitiza®) Recommended only as a possible second-line treatment for opioid- induced constipation.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient was under chronic opioid therapy and had constipation as a result. The provider also documented that Colace, Senokot S, and Metamucil were ineffective. The requested medication is medically necessary for the treatment of constipation given failure of first line therapy.

Acupuncture for Right Shoulder Qty. 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Shoulder Chapter Acupuncture Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery. A review of 9 trials with varying placebo controls showed there was possibly some support for short-term benefit in regards to pain and function. (Green-Cochrane, 2005)

Decision rationale: CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. However, ODG states that among those shoulder indications found to have positive outcomes from acupuncture were rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following arthroscopic acromioplasty. Additionally, ODG supports an initial trial of 3 to 6 visits. The patient has continued shoulder pain with positive impingement on exam despite a surgical intervention. The patient was interested in other forms of rehabilitation and the provider requested 6 acupuncture sessions to help with an acute flare-up. There was no indication that the patient had any recent acupuncture therapy and the trial requested could provide pain relief and increase in function. The medical necessity was substantiated therefore, this request is medically necessary.