

Case Number:	CM14-0037860		
Date Assigned:	06/25/2014	Date of Injury:	03/27/2013
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/31/2014

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 Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 52 year old male who sustained an injury on 03/27/13. No specific mechanism of injury was noted. The mechanism of injury appeared to have been due to repetitive work. The injured worker is noted to have had a prior right carpal tunnel release as well as right shoulder arthroscopic surgery. The injured worker was being followed for postoperative complaints of severe pain, numbness, and tingling in the right upper extremity at the right shoulder and right wrist. Medications did include the use of Naproxen, Pantoprazole, and Norco. The clinical report from 03/04/14 was handwritten and noted continuing severe pain in the right upper extremity with associated numbness and tingling. Physical examination noted continuing loss of range of motion in the right shoulder with associated weakness. There was also decreased sensation in the right hand and right leg. Straight leg raise was reported as positive to the right at 30 degrees. There were also noted positive Tinel's and Phalen's signs in the right wrist. The injured worker was recommended for acupuncture therapy and continued on medications. The injured worker was also recommended for a right shoulder Cortisone injection at this visit. Prior urine drug screens from January of 2014 were positive for Hydrocodone. The requested acupuncture 2 x a week for 4 weeks for the right shoulder, a right shoulder Cortisone injection, Pantoprazole 20mg, quantity 60, and Norco, unspecified dose and frequency were all denied by utilization review on 03/20/14.

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 to right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is noted in the prior utilization report that acupuncture was modified to a quantity of 6 sessions. According to the guidelines, acupuncture can be utilized as an option to address musculoskeletal complaints as an adjunct to physical rehabilitation. Guidelines do recommend that the time to produce functional improvement is 3-6 sessions. Therefore, the request for Acupuncture 2 times a week for 4 weeks to right shoulder is not medically necessary.

Right shoulder cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) - Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: In order to provide the injured worker a measure of relief due to persistent right shoulder pain, a right shoulder injection would have been reasonably warranted and medically necessary based on American College of Occupational and Environmental Medicine guidelines. The injured worker has had continuing severe pain in the right shoulder despite conservative treatment as well as surgical intervention. The 03/04/14 clinical report noted continuing loss of range of motion in the right shoulder that was 50% of normal with tenderness over the acromioclavicular joint and subacromial joint. The request for a Right shoulder cortisone injection is medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the use of Pantoprazole 20mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a

diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this request is not medically necessary.

Norco (dose and frequency unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Norco is a short acting narcotic that can be considered as an option for the treatment of moderate to severe musculoskeletal complaints. Per guidelines, there should be ongoing assessment of the patient's response to Norco to include functional benefit and pain reduction. In this case, there are no clear improvements obtained with the use of Norco. The injured worker continues to have severe complaints of pain in the right shoulder and right upper extremity. Although the most recent urine drug screen findings were consistent with the use of Hydrocodone, without evidence of any substantial functional improvement or pain reduction, continuing use of this short acting narcotic would not be supported. Furthermore, the request is unspecific in regards to dose, frequency, quantity, and duration. As such, the request for Norco with an unspecified dose and frequency is not medically necessary.