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| Case Number: | CM14-0053401 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 03/18/2009 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 Internal 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 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 patient is an injured worker with shoulder complaints. Date of injury was 03-18-2009. The patient injured his right shoulder on 3/18/2009 while he was involved in trying to restrain a person, he was trying to hold down the person's legs when he felt a pain in his right shoulder immediately. The patient has received conservative treatment including medications, physical therapy and injections into the shoulder. He has had persistent pain in his right shoulder. The progress report dated 10/9/13 documented a medical history of left distal biceps repair, left carpal tunnel release, and left cubital tunnel decompression on 4/11/13. The patient continues with physical therapy. He is being followed for left shoulder rotator cuff inflammation. He recalls having had a cortisone injection a few years ago, which helped for three months. He reports continued left shoulder pain. X-rays were taken that revealed no bony injury. Right shoulder labral debridement of degenerative flap tear and humeral chondroplasty of lesion was performed January 2010. Diagnoses were right shoulder mild osteoarthritis, labral tear, humeral chondromalacia, glenoid chondromalacia. Magnetic resonance imaging MRI of the left shoulder dated 2/26/13 revealed mild fraying of the supraspinatus, infraspinatus tendinosis, possible labral tear, and mild degenerative changes at the acromioclavicular AC joint. Urine drug screen dated 11/12/13 was consistent. Qualified medical evaluator report dated 3/7/2014 documented that the patient has received TENS transcutaneous electrical nerve stimulation unit, cognitive behavioral therapy, and home exercise program without significant improvement. Patient reports having persistent pain in his right shoulder which is severe and constant. Medications included Norco 10-325 mg. The interventional spine and pain specialist visit note dated March 11, 2014 documented the patient's complaints of left shoulder pain and right shoulder pain. Patient rates the pain as 7/10 with zero being no pain and 10 having the worst pain possible. He states that medications are helping. He tolerates the medications well. Patient shows no evidence of

developing medication dependency. Pattern of medication use is as previously prescribed. With the current medication regimen, his pain symptoms are adequately managed. Pain level has increased since last visit. Medications included Norco 10-325 mg. Physical examination was documented. The patient does not show signs of intoxication or withdrawal. Shoulder bilateral examination demonstrated movements restricted with flexion limited to 90 degrees, extension limited to 40 degrees, abduction limited to 90 degrees and adduction limited to 35 degrees. Patient should schedule follow-up appointment in four weeks. Eight sessions of acupuncture for his right shoulder were requested. Request for authorization was dated 3/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91-92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document objective evidence of pathology and pain. The interventional spine and pain specialist visit note dated March 11, 2014 documented the patient's complaints of left shoulder pain and right shoulder pain. Patient rates the pain as 7/10 with zero being no pain and 10 having the worst pain possible. He states that medications are helping. He tolerates the medications well. Patient shows no evidence of developing medication dependency. Pattern of medication use is as previously prescribed. With the current medication regimen, his pain symptoms are adequately managed. Pain level has increased since last visit. Medication regimen included Norco 10-325 mg. Objective evidence of pathology was documented on physical examination and imaging studies. Urine drug screen dated 11/12/13 was consistent. The patient has regular clinic visits for reassessment. Analgesia and benefit were documented. The medical records and MTUS guidelines support the prescription of Norco 10/325 mg. Therefore, the request for Norco 10/325mg, #150 is medically necessary.

Acupuncture (x8) to R Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. Per Section 9792.20, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Eight sessions of acupuncture for the shoulder were requested on 3/11/14. MTUS Acupuncture Medical Treatment Guidelines limit treatments to 6 visit without documentation of functional recovery. The request for 8 acupuncture treatments would exceed MTUS guidelines and is not supported by MTUS Acupuncture guidelines. Therefore, the request for Acupuncture (x8) to R Shoulder: is not medically necessary.