

Case Number:	CM14-0078103		
Date Assigned:	07/18/2014	Date of Injury:	07/19/2012
Decision Date:	10/23/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 46-year-old male who reported a work related injury on 07/19/2012. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of right shoulder, possible labral tear, and tendinosis, right shoulder arthritis, right shoulder status post arthroscopic debridement of partial tear of the subscapularis tendon, partial tear of the anterior and posterior glenoid labrum, subacromial decompression with acromioplasty, resection of the coracoacromial ligament and Mumford procedure, and left shoulder overcompensation pain. The injured worker's past treatment has included acupuncture, medication management, and surgical intervention. The injured worker's diagnostic test include an MRI of the right shoulder with contrast on 11/25/2013, which revealed no rotator cuff tear and type II SLAP tear extending to the posterior superior labrum. The injured worker underwent an arthroscopic repair of the torn labrum/subacromial decompression, and Mumford procedure on 04/05/2014. The most recent progress report was dated 04/14/2014. It was noted that the injured worker began working again on 03/20/2014. The injured worker now complained of pain to the shoulders. His pain was noted to be constant in terms of frequency. There was limited and painful movement of the shoulders. The pain increased with reaching, lifting, and carrying, such as holding a book while reading. It was noted upon physical examination that with range of motion maneuvers, the injured worker experienced pain. The injured worker's prescribed medications include Celebrex and Norco. The treatment plan consisted of acupuncture treatment to the injured worker's right shoulder to be attended once a week for 6 weeks. The rationale for the request was that it would be beneficial so that the injured worker may continue with functional improvement, increase range of motion and blood flow, decrease pain and inflammation, and increase flexibility and endurance. A Request for Authorization form was submitted for review on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accupuncture 1 x 6 to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to accelerate functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time noted to produce functional improvement is three to six treatments, with a recommended frequency of one to three times per week and a duration of one to two months. Acupuncture treatments may be extended if functional improvement is documented. In regards to the injured worker, he was noted to have completed 6 sessions of acupuncture. While the documentation states the injured worker had relief for a few days, there was no measurable objective documentation submitted. Additionally, there was no documentation of increased function following previous acupuncture treatment. The injured worker complained of pain, however, there was not sufficient documentation indicating that the dosage of his medications had been reduced or that the treatment was not tolerated. In addition, there was no documentation indicating that she would be participating in a therapeutic exercise program concurrently. Therefore, the request is not medically necessary. As such, the request for acupuncture 2x3, right shoulder is not medically necessary.

Norco 7.5mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. The injured worker

complained of constant pain to the shoulders. He was noted to be prescribed Norco since the date of his injury. The documentation does not provide clinical information that contains evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. Additionally, there is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Norco, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the employee for drug related behavior has been addressed. Therefore, the request for Norco cannot be warranted. Furthermore, there is no indication that the continued use of Norco would have any benefit to the injured workers pain. As such, the request for Norco 7.5mg, # 60 is not medically necessary.

Celebrex 200mg, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs, Page(s): 30, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 68.

Decision rationale: The request for Celebrex 200mg, #30, is not medically necessary. According to The California MTUS chronic pain guidelines, Celebrex is for acute exacerbations, but chronic use is not recommended. The guidelines also state COX-2 inhibitors such as Celebrex may be considered if the patient has a risk of GI complications. The injured worker was not noted to be at risk for GI complications. AS such, there is no evidence as to why the injured worker cannot have efficacy with a non-selective NSAID. As such, the request for Celebrex 200mg, #30 is not medically necessary.