

<b>Case Number:</b>	CM15-0105128		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/08/2005
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 65-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 8, 2005. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for Norco, urine drug testing, and eight sessions of acupuncture while conditionally denying eight sessions of physical therapy. The claims administrator referenced an RFA form received on April 22, 2015 and an associated progress note of April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the attending provider appealed some of the denials. Ongoing complaints of shoulder, elbow, and hand pain, 7/10, were reported. The applicant stated that usage of his left arm and hand remained problematic. The applicant had undergone an earlier shoulder replacement surgery, it was reported. The applicant also had issues with elbow epicondylitis present. Drug testing was again performed on this date. Physical therapy and acupuncture were again sought. Norco was renewed. It was stated that the applicant had tested positive for cocaine on preliminary drug testing. The applicant's work status was not clearly outlined. The applicant's complete medication list was not detailed. The applicant's work status was not reported. On May 4, 2015, the applicant again reported ongoing complaints of shoulder, elbow, and neck pain. Portions of the note were difficult to follow as it mingled historical issues with current issues. Acupuncture, physical therapy, and Norco were endorsed. It was again stated that cocaine had been found on drug testing. The progress notes of May 4, 2015 and May 18, 2015, thus, were essentially identical in terms of the discussion of the applicant's positive cocaine results, again strongly suggesting that these and other progress notes were carrying over historical findings. Once again, the applicant's work status was not reported. Earlier drug testing of April 20, 2015 was positive for cocaine and cocaine metabolites, including on confirmatory testing. An associated progress note of April 20, 2015 was notable for comments that the applicant had ongoing complaints of shoulder pain status post earlier failed shoulder replacement

surgery. 5/10 pain complaints were noted. The applicant's quality of life was significantly impacted as a result of the failed shoulder surgery, it was acknowledged. Limited shoulder range of motion was noted. Physical therapy, drug testing, acupuncture, and Norco were endorsed, despite the fact that the applicant had had positive drug testing for cocaine. Once again, the applicant's work status was not reported. It appeared that the request for acupuncture was a renewal or extension request, although this was not explicitly stated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants in whom there is evidence of illegal activities to include usage of illicit substances. Here, the applicant had drug testing of April 20, 2015, which was positive for cocaine. This was apparently evident both on preliminary and confirmatory drug testing. Discontinuing opioid therapy was, thus, a more appropriate option than continuing to prescribe opioids such as Norco. Therefore, the request was not medically necessary.

**Urine Toxicology QTY: 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397, Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Conversely, the request for urine toxicology testing or urine drug testing was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 397, testing for usage of illicit drugs can be considered if the presentation is suggestive. Here, the applicant's presentation and drug test result of April 20, 2015 was positive for an illicit substance, cocaine. Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines also supports usage of drug testing as an option to assess for the presence or usage of illicit drugs. Here, the drug testing positive for cocaine did justify the urine toxicology testing in question. Therefore, the request was medically necessary.

**Acupuncture Sessions QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Finally, the request for eight sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a3 do acknowledge that acupuncture can be employed in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments and also by commentary made in MTUS 9792.24.1d to the effect that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e. Here, thus, the request for eight sessions of acupuncture, in and of itself, represents treatment in excess of the MTUS parameters. The attending provider's progress note of April 20, 2015 did not clearly state whether the applicant had or had not had prior acupuncture. The applicant's work status, functional status, and response to prior acupuncture (if any) were likewise not clearly detailed or characterized. Therefore, the request was not medically necessary.