

Case Number:	CM15-0012555		
Date Assigned:	02/13/2015	Date of Injury:	06/24/2011
Decision Date:	05/22/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female who sustained an industrial injury on 6/24/2011. She reported right shoulder pain. The injured worker was diagnosed as having biceps tendonitis and subacromial impingement of right shoulder, and status post arthroscopic right shoulder surgery. Treatment to date has included medications, right shoulder surgery, urine drug screening. She is working with no restrictions. The request is for Doral 15mg #30, Valium 10mg #60, Norco 10/325mg #60, acupuncture, and physical therapy. On 12/5/2014, she continues to have right shoulder pain. She rated her pain as 9/10. She reported her current medications to provide her with 60% reduction in pain. The treatment plan included: Doral, Valium, Norco, home exercise program, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Doral 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Quazepam, Benzodiazepines, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for more than 4 weeks due to its long term efficacy is unproven and there is a risk for dependence. The clinical documentation submitted for review did not indicate how long this injured worker had been on this medication. Moreover, there was no documentation noting specifically how Doral benefited her. Consequently, the request is not supported. Additionally, the request did not specify a duration and frequency of use. As such, the request for 30 Doral 15mg is not medically necessary.

60 Valium 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for more than 4 weeks due to its long term efficacy is unproven and there is a risk for dependence. The clinical documentation submitted for review did not indicate how long this injured worker had been on this medication. Moreover, there was no documentation noting specifically how Valium benefited her. Consequently, the request is not supported. Additionally, the request did not specify a duration and frequency of use. As such, the request for 60 Valium 10mg is not medically necessary.

60 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

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

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 As. The 4 As for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review indicated the injured worker had opioids in her system, per a urine drug screen. However, the result indicated test result is not expected with prescribed medications. It was noted the injured worker obtained 60% reduction in pain with the use of medications. However, there is no documentation regarding specifically how Norco benefited her pain and increased her function. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request did not specify a duration and frequency of use. As such, the request for 60 Norco 10/325mg is not medically necessary.

16 Acupuncture Treatments: 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 Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review indicated the injured worker had decreased range of motion to the shoulder. However, there is no documentation noting previous participation in acupuncture therapy and outcome. Moreover, the request did not specify body region to obtain treatment. Consequently, the request is not supported. As such, the request for 16 Acupuncture Treatments is not medically necessary.