

<b>Case Number:</b>	CM15-0133545		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 63-year-old male patient who sustained an industrial injury on 08/01/2013. A primary treating office visit dated 06/12/2015 reported subjective complaints of with right shoulder pain, worsening to refractory treatment with a decline in range of motion and activity function involving the right shoulder. He is with cervical pain, right greater; low back pain, left side greater. Current medications are: Tramadol and Ibuprofen. The following diagnoses were applied: right shoulder partial tear supraspinatus calcific tendinitis acromioclavicular osteoarthropathy possible minimal tear; protrusion at C5-6 with foraminal stenosis, and low back pain with lower extremity symptom. Previous failed treatments to include: physical therapy, injection, ice application, and NSAID's. The prior visit dated 05/15/2015 reported unchanged subjective complaint, objective assessment, or treating diagnoses. The patient is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder extracorporeal shock wave therapy 1 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); <http://www.odg-twc.com/odgtwc/shoulder.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shockwave therapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment is for the elbow and cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. The ACOEM chapter on shoulder complaints does not recommend shockwave therapy. Criteria as outlined above have not been met and therefore the request is not medically necessary.

**Retrospective Urine Drug Screen (Dos 06/12/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.dot.gov/odapc/part40>; The Medical Review Officer's Manual, Swotinsky and Smith, 4th Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be

emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids when there are issues of abuse, addiction or poor pain control. The patient is currently prescribed Tramadol, which is an opioid. For these reasons, the establishment for the need of a urine drug screen has been met. Therefore, the request is medically necessary.