

Case Number:	CM15-0163880		
Date Assigned:	09/01/2015	Date of Injury:	05/27/2008
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 49-year-old male, who sustained an industrial injury on 5-27-08. He reported a pulling sensation in his left shoulder with burning and pain radiating to his left arm. The injured worker was diagnosed as having cervical spondylosis without myelopathy and pain in shoulder joint, status post left shoulder arthroscopy 3 times. Treatment to date has included left shoulder surgery with repair of partial rotator cuff tear, oral medications including Cymbalta, Temazepam, Naproxen, Prilosec, Norco, Ibuprofen, Gabapentin and Buprenorphine; topical Voltaren gel physical therapy, acupuncture treatments, steroid injections, transcutaneous electrical nerve stimulation (TENS) unit, functional restoration program and activity modifications. Currently on 7-31-15, the injured worker complains of continued neck, left shoulder pain, which increases, with repetitive use of the left arm, particularly with activities with overhead reaching, and complains of intermittent numbness and tingling in his left hand. He notes improvement in pain with rest, acupuncture and medication. Improvement in sleep and pain level were noted by the injured worker with acupuncture treatments. Physical exam performed on 7-31-15 was unremarkable. The treatment plan included 6 additional acupuncture sessions and continuation of Buprenorphine 0.1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Butrans.

Decision rationale: Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, there is no requested dosage of this medication documented. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Acupuncture for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture, shoulder.

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has completed 12 sessions of acupuncture to the shoulder without evidence of functional improvement Medical necessity for the additional acupuncture sessions has not been established. The requested services are not medically necessary.

