MAXIMUS Federal Services

Case Number:	CM15-0191756		
Date Assigned:	10/08/2015	Date of Injury:	06/25/2009
Decision Date:	12/21/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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 68 year old male, who sustained an industrial injury on 6-25-2009. He reported cumulative trauma injuries to bilateral knees and upper extremities. Diagnoses include status post right shoulder rotator cuff repair x 2, persistent impingement and possible recurrent rotator cuff tear, right shoulder, bilateral carpal tunnel syndrome, status post bilateral total knee arthroplasty, headache, uncertain etiology. Treatments to date include activity modification, NSAID, anti-inflammatory, Norco 10-325mg (since at least March 2015), muscle relaxant, physical therapy, and TENS unit. The records documented a history of gastrointestinal upset with NSIAD therapy without PPI, and with PPI at daily and twice a day dosing; however, PPI therapy three times a day was effective. The records also documented failure of first line PPI therapy. The medical records on 3-31-14, documented he is "status post failed right shoulder surgery x 2, most recent in 2014." On 6-11-15, he complained of ongoing and increasing pain in the right shoulder, bilateral wrist and hand, and bilateral knees. Current medications included Duloxetine, Hydrocodone, NSAID, and cyclobenzaprine and were noted to decreased pain and increase functional ability and improve range of motion. Ambien appears to have been prescribed on 6-11-15; however, the records did not include documentation regarding difficulty sleeping and did not include follow up documentation regarding efficacy. The physical examination documented tenderness to the right shoulder and bilateral wrists and knees. There were positive Tinel's and Phalen's tests bilaterally and decreased sensation in bilateral upper extremities. The knees demonstrated range of motion measured at 0-90 degrees and it was documented he had difficulty arising from a seated position. There were spasms noted in the

right deltoid and cervical trapezius muscles. The plan of care included ongoing medication management. On 8-13-15, he was evaluated with continued complaints of pain. The physical examination documented tenderness and decreased range of motion in the shoulder, bilateral wrists, and bilateral knees, with tenderness and positive diagnostic testing. The records documented dispensing of Norco and Ambien, and prescriptions for topical compound creams, and for chiropractic physiotherapy for bilateral wrists and hands. The appeal requested authorization for six additional chiropractic physiotherapy sessions, twice a week for three weeks, Norco 10-325mg #60, three Shockwave therapy sessions, and a retrospective authorization for Zolpidem 10mg #30. The Utilization Review dated 9-22-15, modified the request to allow Norco 10-325mg #30, and denied the remaining requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Physio Therapy 2x3, Bilateral Wrist/Hand, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines, Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The amount of previously authorized manual therapy visits for the wrists/shoulders was not specified. Physiotherapy for the wrists was previously authorized 9/9/15, but shoulder complaints persist anywhere from 7-8/10 (moderate to severe) consistently. At this time, additional therapy is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking

behavior (The 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). Pain continues to persist, in the moderate-to-severe range despite medical therapy. The 4 A's for ongoing opioid use is not specified within the PR-2 notes available for review, to warrant ongoing use. There is no mention of how Norco has led to benefits in terms of functional improvements. This request is medically necessary.

Extracorporeal Shockwave Therapy x3 Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ESWT to Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, ESWT (Shockwave Therapy).

Decision rationale: The ODG note that extracorporeal shock wave therapy is recommended for patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. There is no mention of calcific tendonitis, nor is there X-ray evidence to confirm this diagnosis. As such, this request is not medically necessary.

Retrospective: Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien; MedScape 2009 and PDR 2009.

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

Decision rationale: According to the Official Disability Guidelines (ODG), Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They are not recommended for long-term use. They can be habit-forming and impair function and memory more than opioid pain relievers. There is no mention of failure to first line, non-pharmacologic methods to treat sleep difficulties. Long-term use of this agent is not recommended. This request is not medically necessary.