

<b>Case Number:</b>	CM15-0012365		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California  
 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:

This is a 31 year old male patient, who sustained an industrial injury on May 11, 2011. The diagnoses have included status post right shoulder arthroscopy, status post arthroscopic subacromial decompression of the right shoulder in 2012, right shoulder impingement syndrome, thoracic sprain, cervical sprain, and multiple lumbar spine disc protrusions. Per the doctor's note dated 12/4/2014 he had complaints of worsening, constant right shoulder pain with flare-ups; constant lower back pain and difficulty falling a sleep due to pain. The physical examination revealed nonspecific tenderness of the right shoulder, moderate tenderness to palpation of the right acromioclavicular joint, anterior labrum, supraspinatus and bicipital group, and a positive Codman drop arm test, positive impingement testing, and moderately decreased range of motion; the lumbar spine- positive right Kemp's/Facet, positive bilateral straight leg raise, and mild tenderness and spasms to palpation of the bilateral paraspinal at levels lumbar 3-lumbar 4, lumbar 4-lumbar 5, and lumbar 5-sacral 1; moderately decreased lumbar spine range of motion with pain and spasm. The medications list includes norco and duexis. He was prescribed tylenol # 3 on 12/4/2014. He has undergone right shoulder arthroscopy; right shoulder arthroscopic subacromial decompression on 5/10/2012. He has had conservative therapy including rest, activity modifications, physiotherapy and acupuncture for this injury. On January 21, 2015, the injured worker submitted an application for IMR for review of prescription for an additional 6 visits (one time a week for 6 weeks) of acupuncture of the lumbar spine, and right shoulder, a request for nervous system testing, and a prescription for Tylenol #3 #60. The acupuncture was non-certified based on the lack of evidence of functional improvement. The nervous system

testing was non-certified based on lack of clear indication for this type of testing for this industrial condition. The acupuncture was modified based on lack of evidence of change in subjective complaints or objective findings it is unclear as to the specific reasons of the need to continue opioid medications when there is no change in the individual's condition. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) and Acupuncture Treatment Guidelines, and the Official Disability Guidelines (ODG) were cited.

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

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

#### **6 Acupuncture Sessions for the Lumbar Spine and Right Shoulder, Lumbar Spine, Bilateral Shoulder (1 Time a Week for 6 Weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** CA MTUS Acupuncture medical treatment guidelines cited below state that 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 functional recovery. The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Plan for surgical intervention is not specified in the records provided. Per the records provided patient has had acupuncture visits for this injury. Previous acupuncture visit notes documenting ongoing significant functional improvement are not specified in the records provided. The medical necessity of 6 Acupuncture Sessions for the Lumbar Spine and Right Shoulder, Lumbar Spine, Bilateral Shoulder is not fully established in this patient at this time.

#### **Autonomic Nervous System Testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Autonomic nervous system function testing

**Decision rationale:** Per the cited guidelines autonomic nervous system testing is not generally recommended as a diagnostic test. There is no high grade scientific evidence to support autonomic nervous system testing for this diagnosis. A clear rationale for this testing is not specified in the records provided. The medical necessity of Autonomic Nervous System Testing is not fully established for this patient.

#### **Tylenol #3 Qty 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reed Group/ The Medical Disability Advisor and Official Disability Guidelines/Integrated Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80.

**Decision rationale:** Tylenol no.3 contains Codeine and acetaminophen. Codeine is an opioid analgesic. According to CA MTUS guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to antidepressants, anticonvulsant and other lower potency opioids like tramadol or tapentadol for chronic pain is not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol #3 Qty 120 is not established for this patient.