

Case Number:	CM15-0110883		
Date Assigned:	06/17/2015	Date of Injury:	09/19/2006
Decision Date:	08/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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

Certification(s)/Specialty: Emergency Medicine

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 50 year old female, who sustained an industrial injury on 9/19/2006. The injured worker was diagnosed as having left shoulder pain, rotator cuff tendinitis, partial rotator cuff tear, neck pain, low back pain, and left hip pain. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of persistent left shoulder pain, rated 6/10. She was using a transcutaneous electrical nerve stimulation unit and felt it was helping her pain. She also reported a "swollen" feeling, associated with sharp, shooting and throbbing type left shoulder pain, radiating to the left upper extremity. She wished to pursue acupuncture. Current medications were documented as helping, without adverse effects, and she requested refills. Gabapentin was helpful for shooting pain and difficulty sleeping. A review of symptoms was positive for anxiety. She was grossly protective of her left upper extremity and tenderness was noted in the left acromioclavical joint and glenohumeral joint. Spasms were noted in the left shoulder region and scapular region muscles. Strength was 4+/5 in the left shoulder, abduction and forward flexion. The treatment plan included medications (Ibuprofen, Gabapentin, and Norco) and acupuncture (2x4 left shoulder) to minimize pain and improve function. Work status was modified and she was able to continue work as tolerated. Current medications were in use since at least 1/2015. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Ibuprofen 800mg #100 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has persistent left shoulder pain. The treating physician has documented she was grossly protective of her left upper extremity and tenderness was noted in the left acromioclavical joint and glenohumeral joint. Spasms were noted in the left shoulder region and scapular region muscles. Strength was 4+/5 in the left shoulder, abduction and forward flexion. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 800mg #100 is not medically necessary.

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 5/325mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent left shoulder pain. The treating physician has documented She was grossly protective of her left upper extremity and tenderness was noted in the left acromioclavical joint and glenohumeral joint. Spasms were noted in the left shoulder region and scapular region muscles. Strength was 4+/5 in the left shoulder, abduction and forward flexion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg #30 is not medically necessary.

Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 300mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has persistent left shoulder pain. The treating physician has documented. She was grossly protective of her left upper extremity and tenderness was noted in the left acromioclavical joint and glenohumeral joint. Spasms were noted in the left shoulder region and scapular region muscles. Strength was 4+/5 in the left shoulder, abduction and forward flexion. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 300mg #60 is not medically necessary.

Acupuncture, left shoulder(2x week x 4 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture, left shoulder (2x week x 4 weeks), is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has persistent left shoulder pain. The treating physician has documented. She was grossly protective of her left upper extremity and tenderness was noted in the left acromioclavical joint and glenohumeral joint. Spasms were noted in the left shoulder region and scapular region muscles. Strength was 4+/5 in the left shoulder, abduction and forward flexion. The treating physician has not documented the medical necessity for acupuncture sessions beyond the guideline recommended trial of 4 to 6 sessions and then re-evaluation. The criteria noted above not having been met, Acupuncture, left shoulder (2x week x 4 weeks) is not medically necessary.