

Case Number:	CM15-0121795		
Date Assigned:	07/02/2015	Date of Injury:	03/23/2009
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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 35 year old female, who sustained an industrial injury on 03/23/2009. She has reported injury to the left shoulder. The diagnoses have included chronic left shoulder pain; chronic pain syndrome; status post left shoulder arthroscopic debridement including the superior labrum (SLAP tear), rotator cuff supraspinatus tear, anterior labral tear, arthrocentesis, on 08/01/2011; status post left shoulder arthroscopy, SLAP repair, anterior stabilization, decompression, debridement, on 09/25/2013; history of DVT (deep vein thrombosis) left upper extremity; insomnia; anxiety; and major depressive disorder. Treatment to date has included medications, diagnostics, physical therapy, psychotherapy, home exercise program, and surgical intervention. Medications have included Norco, Naproxen, Butrans Patch, Cymbalta, Brintellix, and Zolpidem. A progress note from the treating physician, dated 05/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued left shoulder pain; her current pain regimen does lessen the pain, but it makes her anxious that she will be dealing with pain for her whole life; she is compliant with her regimen; and she is interested in acupuncture therapy, as she continues to have left shoulder pain. Objective findings included very flat affect; bilateral shoulders are tender to palpation, left worse than right, especially at the acromioclavicular joint; Hawkins test is positive; and her shoulder range of motion is limited to flexion, extension, abduction. The treatment plan has included the request for acupuncture x12; Alprazolam 0.5mg #30; and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture x12, 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 left shoulder pain; her current pain regimen does lessen the pain, but it makes her anxious that she will be dealing with pain for her whole life; she is compliant with her regimen; and she is interested in acupuncture therapy, as she continues to have left shoulder pain. Objective findings included very flat affect; bilateral shoulders are tender to palpation, left worse than right, especially at the acromioclavicular joint; Hawkins test is positive; and her shoulder range of motion is limited to flexion, extension, abduction. The treating physician has not documented the medical necessity for acupuncture beyond a guideline recommended trail of 4-6 sessions and then re-evaluation. The criteria noted above not having been met, Acupuncture x12 is not medically necessary.

Alprazolam 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Alprazolam 0.5mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has left shoulder pain; her current pain regimen does lessen the pain, but it makes her anxious that she will be dealing with pain for her whole life; she is compliant with her regimen; and she is interested in acupuncture therapy, as she continues to have left shoulder pain. Objective findings included very flat affect; bilateral shoulders are tender to palpation, left worse than right, especially at the acromioclavicular joint; Hawkins test is positive; and her shoulder range of motion is limited to flexion, extension, abduction. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Alprazolam 0.5mg #30 is not medically necessary.

Norco 10/325mg #60: 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, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #60, 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 left shoulder pain; her current pain regimen does lessen the pain, but it makes her anxious that she will be dealing with pain for her whole life; she is compliant with her regimen; and she is interested in acupuncture therapy, as she continues to have left shoulder pain. Objective findings included very flat affect; bilateral shoulders are tender to palpation, left worse than right, especially at the acromioclavicular joint; Hawkins test is positive; and her shoulder range of motion is limited to flexion, extension, abduction. 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 10/325mg #60 is not medically necessary.