

Case Number:	CM15-0175253		
Date Assigned:	09/16/2015	Date of Injury:	10/11/2012
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old female, who sustained an industrial injury on 10-11-2012. Diagnoses include status post remote left shoulder surgery and left shoulder adhesive capsulitis. Treatment to date has included surgical intervention (left shoulder, 2013), medications, physical therapy, and acupuncture (6 visits to date). Per the Primary Treating Physician's Progress Report dated 7-31-2015, the injured worker was status post arthroscopic lysis of adhesions and debridement left rotator cuff, April 2014. She reported 9 out of 10 left shoulder pain, 3 out of 10 right shoulder pain, and 5 out of 10 cervical pain with upper extremity symptoms. Medications include Hydrocodone and Naproxen. Objective findings included tenderness of the left shoulder anterior aspect of the acromioclavicular joint. There was spasm of the left deltoid musculature with cervical trapezius decrease. Per the medical records dated 4-17-2015 to 8-21-2015 there was not documentation of a decrease in pain levels, improvement in symptomology or increase in activities of daily living with the current treatment. Work status was temporarily totally disabled. The plan of care included completion of physical therapy, additional acupuncture, extracorporeal shockwave therapy (ESWT), and continuation of Hydrocodone 10mg #90 and Naproxen 550mg #60. On 8-27-2015, Utilization Review non-certified the request for ESWT x 3 to left shoulder, Hydrocodone 10mg #90 and Naproxen 550mg #60 due to lack of documented functional improvement with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #90: 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, long-term assessment.

Decision rationale: Hydrocodone 10mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal evidence of all of the above aspects of a pain assessment. The documentation reveals that the patient has been on long-term opioids without significant increase in function therefore the request for continued Hydrocodone is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naproxen 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDs for an extended period without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.

Extracorporeal shock wave therapy (ESWT) x 3 to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), extracorporeal shock wave therapy (ESWT), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: Extracorporeal shock wave therapy (ESWT) x 3 to left shoulder is not medically necessary per the MTUS guidelines. The MTUS ACOEM guidelines states that some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The documentation does not reveal objective imaging studies with evidence of calcific tendinitis of the shoulder therefore this request is not medically necessary.