

<b>Case Number:</b>	CM15-0061891		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Internal Medicine, Rheumatology

### 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 female patient who sustained an industrial injury on 08/28/2002. A primary treating office visit dated 03/03/2015 reported the most recent urine drug screening was consistent with prescribed medications. The patient continues with subjective complaint of right shoulder pain and right hand pain. She continues to use Butrans patch, Percocet, Prilosec, Cymbalta, Trazadone, and Milk of Magnesia. She stopped taking Gabapentin as it caused nausea. She also has completed 6 sessions of acupuncture, which was found beneficial in that it relaxed her, and she wishes to continue. She is diagnosed with chronic right shoulder pain; impingement syndrome right, post-operative and carpal tunnel syndrome, right. The plan of care involved refilling Butrans patch, continue with Percocet, Prilosec, and Milk of Magnesia. Recommending acupuncture 8 additional sessions and she is to return for follow up in 4 weeks. A primary treating office visit dated 07/31/2014 reported the patient with subjective complaint of right shoulder pain, and right hand pain. She states the Gabapentin helps reduce the neuropathic pain and allows better sleep. There is no change in diagnoses. The plan of care involved a trial of Oxycontin 10mg one tab every 12 hours for long acting pain relief, refilled Percocet, continue with Gralise, Prilosec, and Milk of Magnesia, discussed a functional restoration program and return for follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of acupuncture for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** This female patient has complained of right shoulder and right hand pain since date of injury 8/28/02. She has been treated with acupuncture, physical therapy and medications. The current request is for eight sessions of acupuncture for the right shoulder. This patient has previously received acupuncture therapy for the right shoulder. There is no included documentation regarding any functional benefit or decrease in medication use that the patient obtained from the prior sessions of acupuncture. On the basis of the available medical documentation and per the MTUS guidelines cited above, eight sessions of acupuncture for the right shoulder is not indicated as medically necessary.

**Butrans patch 10 - 15 mcg/hr, four count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This female patient has complained of right shoulder and right hand pain since date of injury 8/28/02. She has been treated with acupuncture, physical therapy and medications to include opioids since at least 12/2014. The current request is for Butrans patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of DIS documentation and failure to adhere to the MTUS guidelines, Butrans patch is not indicated as medically necessary.