

Case Number:	CM15-0077473		
Date Assigned:	04/28/2015	Date of Injury:	12/08/2010
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/22/2015

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: New Jersey
 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:

The injured worker is a 57 year old male who sustained an industrial injury on 12/08/2010. Diagnoses include cervicalgia, disc displacement without myelopathy, and right shoulder sprain status post rotator cuff surgical repair with persistent anteromedial shoulder pain with reaching, possible retear or residual scar tissue, right anterior chest wall pain, possibly pectoralis/thoracic outlet syndrome entrapment, and left shoulder sprain with rotator cuff derangement status post-surgical repair. Treatment to date has included diagnostic studies, surgery medications, cortisone injections, epidural injections, massage therapy and physical therapy. A physician progress note dated 02/18/2015 documents the injured worker complains of both arms being weak and increasing pain with grasping and handling. There is tender right anterior shoulder and increasing pain with abduction 130 degrees and with apprehension testing and resisted strength testing. There is decreased grip and pinch bilaterally with easy breakthrough. Neck left rotation 60 degrees increased when pulling down right upper extremity. He has left upper extremity with pain in the left anterior biceps increasing with strength testing bilaterally. Grip is diminished. Treatment requested is for 6 visits of acupuncture, and Norco 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was incomplete reporting of this full review. There was record of the worker only requiring/using 1-2 pills of Norco per week more recently. However, there was no report of functional gain and pain level reduction related to the small amount of Norco he was using. It appears that it is reasonable to wean off of this narcotic medication if it is not needed very often. Also, the request for #30 pills is more than one month's supply. Therefore, the request for Norco #30 will be considered medically unnecessary.

6 Visits of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, he had already completed 12 sessions of acupuncture with some reported success, however, the upper limit in duration of this passive intervention has been surpassed and therefore, the request for additional 6 visits of acupuncture will be considered medically unnecessary.