

Case Number:	CM13-0003429		
Date Assigned:	10/30/2014	Date of Injury:	12/04/2003
Decision Date:	12/08/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] insured who has filed a claim for neck pain, reflux, dyspepsia, knee pain, low back pain, shoulder pain, and wrist pain reportedly associated with an industrial injury of December 4, 2003. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; opioid therapy; and periodic laboratory testing. In a Utilization Review Report dated July 8, 2013, the claims administrator denied a follow-up visit, denied Norco, and denied various laboratory tests. The applicant's attorney subsequently appealed. On November 23, 2013, the applicant did undergo laboratory testing which was notable for a normal serum uric acid of 7.6, normal transaminases, normal electrolytes, normal renal function with Creatinine at 1.13, normal white count of 6900, normal hemoglobin and hematocrit of 16.4 and 49.2, normal platelet count 154,000, normal creatine kinase of 112, a negative ANA titer, a negative rheumatoid factor, a normal erythrocyte sedimentation rate, and a negative C-reactive protein. In a handwritten note dated June 21, 2013, the applicant reported multifocal complaints of pain, 4-8/10. It was stated that the applicant's medication helped "but not for long." A laboratory testing was endorsed. Overall rationale was sparse and negligible. Formal range of motion testing was performed via goniometry. Norco was renewed. It was stated that the applicant had retired. In a March 21, 2013 hand surgery consultation, it was stated that the applicant had a history of rheumatoid arthritis, was status post left carpal tunnel release surgery, was status post a left knee arthroscopy, and also had a history of earlier left scaphoid fracture. X-rays of the left wrist demonstrated extensive arthritic changes suggestive of posttraumatic arthritis. It was stated that a wrist fusion was the only procedure which could potentially be beneficial here. On December 18, 2012, it was suggested that the applicant was "medically retired" and no longer working. In an applicant statement dated

October 23, 2013, the applicant stated that he had been deemed "permanently disabled." The applicant stated that he was dependent on Protonix and his pain medications. The applicant stated that the pain medications were ameliorating his ability to walk and that he would be experiencing "hell" without his medications. On March 21, 2013, the applicant was, it was incidentally noted, described as using Mobic and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 72.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 72, "frequent follow-up visits" are often warranted for monitoring purposes in order to provide structure and reassurance, even in applicants whose conditions are not expected to change appreciably from week to week. In this case, the applicant has a variety of multifocal pain complaints and is using opioid agents. Obtaining periodic office visits with the applicant's treating provider to ensure a favorable response to ongoing medication usage is indicated. Therefore, the request is medically necessary.

Norco 5/325 MG, QTY: 30, with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider's documentation, coupled with the applicant's statements, do suggest that the applicant is deriving appropriate analgesia with ongoing Norco usage. Both the applicant and attending provider have posited that ongoing Norco usage has facilitated the applicant's ability to ambulate and accomplish other activities of daily living. Continuing the same, on balance, is indicated, although it is acknowledged that the applicant is seemingly not working at age 70. Therefore, the request is medically necessary.

CBC: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, an ESR, CBC, and tests for autoimmune diseases such as rheumatoid factor can be useful to screen for inflammatory autoimmune sources of joint pain, in this case, the attending provider did posit in his handwritten progress note of June 25, 2013 that the applicant was experiencing heightened multifocal pain complaints, including knee pain, shoulder pain, wrist pain, low back pain, etc., bringing into question a possible flare of previously established rheumatoid arthritis. The CBC testing, specifically white count and platelet count, would have been beneficial in helping to establish the presence or absence of a flare of rheumatoid arthropathy. Therefore, the request is medically necessary.

Hepatic Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an applicant's renal function, hepatic function, and hematologic function is indicated in applicants using NSAIDs. In this case, the applicant was using Mobic, an anti-inflammatory medication. The applicant was an elderly worker (aged 69-70). Assessment of the applicant's hepatic function to ensure that the applicant's current levels of hepatic function were compatible with currently prescribed medications was indicated. Therefore, the request is medically necessary.

Arthritis Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, tests for autoimmune disease such as the arthritis panel can be useful to screen for inflammatory autoimmune sources of joint pain. In this case, the applicant did report heightened multifocal pain complaints on June 25, 2013. The arthritis panel in question could have been useful in establishing the presence or absence of positive rheumatoid markers suggestive of a flare in rheumatoid arthropathy. Therefore, the request is medically necessary.

Chem 8 Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: The Chem-8 panel includes BUN and Creatinine, i.e., markers of renal function. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of renal function is indicated in applicants using NSAIDs. Here, the applicant was/is in fact using an NSAID medication, meloxicam. Assessment of the applicant's renal function via the Chem-8 panel in question was indicated to ensure that the applicant's current levels of renal function were compatible with currently prescribed medications. Therefore, the request is medically necessary.

CPK Test: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, tests for autoimmune diseases such as the CPK test at issue "can be useful" to screen for inflammatory or autoimmune source of joint pain. Here, the applicant was described as exhibiting a flare of multifocal joint pain complaints on the date of the request, June 21, 2013. Assessment of the applicant's CPK, a rheumatologic marker/inflammatory marker, was indicated. Therefore, the request is medically necessary.

CRP Test: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, tests for autoimmune diseases such as the CRP at issue "can be useful" to screen for inflammatory or autoimmune source of joint pain. In this case, the applicant did present on June 21, 2013 reporting a flare in multifocal joint pain complaints. Testing of the applicant's CPR was indicated to determine if the applicant's flare in pain complaints represented a flare of underlying rheumatoid arthropathy. Therefore, the request is medically necessary.

Magnesium Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Magnesium article, Testing Indications section

Decision rationale: The MTUS does not address the topic. While Medscape acknowledges that indications for magnesium testing include a diagnosis and monitoring of hypomagnesemia, particularly in applicants with renal failure or gastrointestinal problems, and/or monitoring therapy in applicants with preeclampsia who are on magnesium sulfate, in this case, however, it was not clearly stated why the magnesium testing in question was sought. The attending provider's handwritten progress note of June 25, 2013 did not contain any specific rationale for the magnesium testing component of the request. It is, furthermore, difficult to infer or extrapolate the need for such testing, given the limited information on file. Therefore, the request is not medically necessary.