

Case Number:	CM14-0033590		
Date Assigned:	07/21/2014	Date of Injury:	09/29/2006
Decision Date:	09/08/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/17/2014

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] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 29, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier cervical spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 24, 2014, the claims administrator approved a follow-up visit, partially certified Norco and denied Prilosec, Fioricet, a GI consultation, MRI imaging of the bilateral shoulders, and MRI imaging of the cervical spine. A progress note on January 9, 2013 noted that the applicant presented chronic neck pain status post single-level cervical fusion surgery. The applicant had completed 15 sessions of acupuncture. The applicant also had low back and bilateral shoulder complaints. The applicant had exhibited a healed surgical scar with decreased sensorium at the C5-C6 dermatome. Shoulder range of motion was not quantified but was reportedly decreased. The applicant stated that he felt his shoulder issues were emanating from the neck. Positive Tinel and Phalen signs were noted at the right wrist with 4/5 grip strength noted. The attending provider alluded to an earlier cervical spine MRI of December 14, 2013, noting multilevel disk protrusions at C3-C4, C4-C5, and C6-C7 with evidence of a one-level cervical fusion at C5-C6. Right shoulder MRI of December 14, 2013 was notable for supraspinatus and infraspinatus tendinosis, while left shoulder MRI imaging of December 14, 2013 was notable for partial-thickness rotator cuff tearing of both the supraspinatus and infraspinatus with associated tendinosis. The applicant was also given a diagnosis of GI distress. This was not elaborated upon, although the attending provider then stated that the applicant had issues with nausea and vomiting. The applicant was given prescriptions for Prilosec, Norco, and Fioricet. A GI consultation, updated neck MRI, and updated shoulder MRIs were sought. The applicant was

given a shoulder corticosteroid injection. The applicant was placed off of work, on total disability. At no point in the report was it stated that the applicant was actively considering or contemplating either further cervical spine surgery or shoulder surgery. In an earlier note of December 18, 2013, the applicant was given a right shoulder corticosteroid injection and placed off of work, on total disability. The applicant was described as having issues with GI distress. Prilosec, Norco, and Fioricet were endorsed. The applicant was asked to obtain GI consultation. It was stated that the applicant had issues with nausea and vomiting, although, again, these were not elaborated upon. It was stated that the applicant had issues with digestive reflux present here. In a pain management note dated December 18, 2013, it was suggested that the applicant was having issues with nausea and vomiting owing to psychological stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Quantity 240: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic 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, however, the applicant is off of work, on total disability." The applicant's pain complaints appear to be heightened, as opposed to reduced, despite ongoing medications, including ongoing Norco usage. There is no evidence of improvement in terms of performance of any activities of daily living achieved as a result of ongoing Norco usage. Rather, the applicant appears to be significantly constrained in terms of performance of many activities of daily living. Therefore, the request is not medically necessary.

Prilosec 20 mg Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, NSAIDs, GI Symptoms, and Cardiovascular Risks topic. Page(s): 69, 7.

Decision rationale: MTUS Chronic Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as Prilosec in the treatment of NSAID- induced dyspepsia, this recommendation is qualified MTUS Chronic Medical Treatment Guidelines states, "The effect that an attending provider should incorporate some discussion of medication efficacy in his choice of recommendations." In this case, however, there has been no discussion of medication efficacy insofar as Prilosec is concern. There is no mention of any reduction in dyspepsia, reflux, and/or heartburn achieved as a result of ongoing Prilosec usage. The attending provider had simply refilled the medication from visit to visit and failed to incorporate any discussion of whether or not Prilosec is efficacious. Therefore, the request is not medically necessary.

Fioricet Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, Barbiturate Containing Analgesic Agents topic. Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are not recommended in the treatment of chronic pain, as is present here. No rationale for selection and/or ongoing usage of Fioricet in the face of the unfavorable MTUS recommendation was proffered by the attending provider. As with the other medications, there was no discussion of medication efficacy incorporated to any of the attending provider's recent progress notes. Therefore, the request was not medically necessary.

GI Consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Medical Treatment Guidelines, "The presence of persistent complaints which prove recalcitrant to conservative measures should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary." In this case, the applicant reportedly has persistent complaints of nausea and vomiting which do warrant further investigation, although it has been suggested that issues represent a sequela of the applicant's many mental health issues. Nevertheless, further investigation via a gastrointestinal (GI) consultation will likely be of some benefit here. Therefore, the request is medically necessary.

MRI Bilateral Shoulders: Upheld

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): 214.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines, "Routine MRI or arthrography for evaluation purposes without surgical indications is not recommended." In this case, there are, in fact, no clear surgical indications. It is unclear why shoulder MRI imaging is being sought here. The applicant does not appear to be a candidate for further surgery. It is further noted that the applicant had recent shoulder MRI imaging in December 2013. There does not appear to have been any clear deterioration in the clinical picture since that point in

time which would compel or warrant shoulder MRI imaging, particularly if the applicant is not intent on pursuing any kind of surgical remedy. Therefore, the request is not medically necessary.

MRI of Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS-Adopted ACOEM Guidelines do recommend MRI or CT imaging to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no indication that the applicant is intent on pursuing any kind of invasive procedure insofar as the cervical spine is concerned. There is no evidence that the applicant is a surgical candidate as far as the surgical spine is concerned. The applicant had recent cervical spine MRI imaging in December 2013 which failed to uncover any clear lesion amenable to surgical correction. It is unclear why repeat cervical MRI imaging is being sought, particularly without any clear surgical indications. Therefore, the request is not medically necessary.

