

Case Number:	CM14-0104654		
Date Assigned:	07/30/2014	Date of Injury:	09/30/2008
Decision Date:	07/13/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 9/30/2008. Diagnoses include status post bilateral carpal tunnel release, recurrent right carpal tunnel syndrome, lumbar spine sprain/strain with right upper extremity radiculopathy secondary to disc herniation, bilateral shoulder sprain/strain and cervical spine sprain/strain secondary to disc herniation. Treatment to date has included diagnostics, activity modification, and medications including Colace, Norco and Prilosec. The utilization review noted that a right wrist MR arthrogram was recently certified. Per the Primary Treating Physician's Progress Report dated 5/21/2014, the injured worker reported no change in symptoms of the right hand/wrist, cervical spine, and lumbar spine. Magnetic resonance angiography (MRA) of the right wrist, chiropractic care and epidural steroid injections are pending. Physical examination revealed no changes since last visit. She has an antalgic gait and moves about with stiffness and has difficulty rising from a sitting position. She is temporarily totally disabled. The plan of care included diagnostics and medications and authorization was requested for Colace 100mg, Prilosec 20mg, Norco 7.5/325mg and MRA of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Colace, California Pain Medical Treatment Guidelines support the prevention of constipation for patients undergoing opioid therapy. However, as opioids are not medically necessary, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Colace is not medically necessary.

Norco 7.5/325mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

1 Magnetic Resonance Angiogram (MRA) of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Regarding the request for MR arthrogram, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Within the documentation available for review, it is noted that an MR arthrogram was recently certified and there is no rationale presented for either additional authorization if the study has not been performed or for repeating the study if it

has. In the absence of clarity regarding the above issues, the currently requested MR arthrogram is not medically necessary.