

Case Number:	CM15-0010495		
Date Assigned:	02/13/2015	Date of Injury:	12/29/2003
Decision Date:	04/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41-year-old [REDACTED] [REDACTED] who has filed a claim for chronic shoulder pain, wrist pain, and upper extremity pain reportedly associated with an industrial injury of December 29, 2003. In a Utilization Review Report dated January 7, 2015, the claims administrator failed to approve requests for MRI imaging of the shoulder, electrodiagnostic testing of the upper extremities, Norco, and Soma. The claims administrator referenced a December 10, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant apparently transferred care to a new primary treating provider. The applicant alleged development of multifocal pain complaints secondary to cumulative trauma at work. The note was very difficult to follow. On November 7, 2014, the applicant presented with left shoulder pain, left elbow pain, and left thumb pain. The applicant's shoulder range of motion was within normal limits despite pain. Shoulder MRI imaging was proposed, along with electrodiagnostic testing of the bilateral upper extremities. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. Norco, Soma, and a topical compounded medication were renewed. On January 30, 2015, the applicant was described as having residual issues with upper extremity paresthesias and upper extremity pain status post earlier carpal tunnel release surgeries. Norco, Prilosec, and Soma were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: No, the proposed MRI imaging of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging and/or arthrography for evaluation purposes without surgical indications is deemed 'not recommended.' Here, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same. The multifocal nature of the applicant's complaints, which included the shoulder, thumb, wrist, etc., reduced the likelihood of the applicant's acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

EMG/NCS of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Conversely, the request for electrodiagnostic testing of the bilateral upper extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies can help to differentiate between carpal tunnel syndrome and other suspected conditions, such as cervical radiculopathy. Here, the applicant has a variety of pain complaints associated with the upper extremities. The applicant had apparently developed recurrent carpal tunnel syndrome symptoms following earlier failed carpal tunnel release surgeries. Obtaining electrodiagnostic testing to help establish the presence or absence of recurrent carpal tunnel syndrome versus some other neuropathic or radicular process, thus, was indicated. Therefore, the request was medically necessary.

1 prescription of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, the applicant's work status was not clearly outlined. It did not appear that the applicant was working with said limitations in place. The attending provider's documentation failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing opioid therapy. The attending provider's commentary to the fact that the applicant was still having difficulty performing activities of daily living such as gripping, grasping, lifting, carrying, and the like, coupled with the attending provider's failure to clearly state whether the applicant was or was not working, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

1 prescription of Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Finally, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Concurrent usage of carisoprodol was not, thus, indicated, particularly for the long-term role for which it was seemingly prescribed. Therefore, the request was not medically necessary.