MAXIMUS Federal Services

Case Number:	CM15-0140492		
Date Assigned:	07/30/2015	Date of Injury:	02/27/2013
Decision Date:	09/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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 36-year-old who has filed a claim for chronic neck, shoulder, and low back pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of February 27, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for Fetzima, Colace, trigger point injections, a neck MRI, and a shoulder MRI. The claims administrator did, however, approved meclizine and Norco. The claims administrator referenced a June 18, 2015 progress note and an associated RFA form of the same date in its determination. On June 18, 2014, the applicant reported ongoing multifocal complaints of neck, low back, shoulder, and hip pain with derivative complaints of vertigo. Mood disturbance and depression were also reported. The claimant was given refills of Fetzima, Colace, meclizine, and Norco. A trigger point injection was performed in the clinic. Updated neck and shoulder MRI imaging were sought. The attending provider stated that he was intent on obtaining updated imaging for the purposes of seeing if there are any interval structural changes about the shoulder and/or cervical spine. The attending provider also stated that the claimant had had recent lumbar and left hip MRI imaging. The attending provider stated that the applicant's medications were helping and should therefore continue. The attending provider contended that the applicant's medications were allowing him to get up out of bed on a daily basis. The attending provider contended that the applicant would be reclusive and/or bedridden without his medications. Drug testing and multiple medications were renewed while the claimant was kept off of work. The requesting provider was a general practitioner, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fetzima 40mg capsule #30 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Fetzima, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as Fetzima to exert their maximal effect, here, however, the claimant had been using Fetzima for several months prior to the date of the request, the treating provider suggested on June 18, 2015. The claimant was described as having continuous symptoms of anxiety and depression evident on that date. The claimant was off of work, on total temporary disability. The attending provider failed, in short, to identify substantive improvements in mood and/or function (if any) effected as a result of ongoing Fetzima usage in terms of the parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.

Colace 100mg capsule #90 with two refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioid Induced Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Conversely, the request for Colace, a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was in fact using opioid agents, including Norco. Prophylactic provision of Colace, a laxative agent/stool softener, was, thus, indicated to combat issues with constipation which may have arisen in conjunction with the same. Therefore, the request was medically necessary.

Retrospective Trigger Point Injection, DOS 6-18-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Conversely, the request for a trigger point injection performed on June 18, 2015 was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radiculopathy. The attending provider stated on June 18, 2015, however, that the applicant carried diagnosis of cervical sprain with left upper extremity radiculopathy and ongoing left lower extremity radiculopathy. Trigger point injection therapy was not, thus, indicated in the radicular pain context present here, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Left neck MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Similarly, the request for neck MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure or surgical intervention based on the outcome of the study in question. The fact that both neck and shoulder MRI studies were ordered on the same date significantly reduced the likelihood of the applicant's acting on the results of either study. The fact that the requesting provider was a general practitioner (as opposed to a spine surgeon or neurosurgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Left Shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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

Decision rationale: Finally, the request for a left shoulder MRI was likewise 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 MRI imaging or arthrography for

evaluation purposes without surgical indications is deemed not recommended. Here, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the injured shoulder based on the outcome of the study in question. The fact that cervical and shoulder MRI imaging were concurrently ordered strongly suggested that said shoulder MRI imaging had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.