

Case Number:	CM14-0215749		
Date Assigned:	01/05/2015	Date of Injury:	05/16/1997
Decision Date:	05/29/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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: 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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 16, 1997. In a Utilization Review Report dated December 9, 2014, the claims administrator failed to approve a request for an otolaryngology evaluation, partially approved a request for Kadian, denied a request for Percocet outright, and partially approved a request for CBC and CMP as CMP alone. The claims administrator referenced an RFA form received on December 2, 2014 in its determination. The claims administrator suggested that the applicant had issues with dysphagia status post earlier failed cervical fusion surgery. The applicants attorney subsequently appealed. In a November 7, 2014 progress note, the applicant reported persistent complaints of neck pain radiating to the arm, exacerbated by gripping, grasping, and lifting. A 4/10 pain was noted. The attending provider noted that the applicant had ongoing issues with dysphagia. The attending provider stated that the applicant also had suspected sleep apnea and that an otolaryngology evaluation would be helpful to determine the applicants need for a CPAP device and/or other treatments. The applicants medication list included Colace, Coreg, Cymbalta, Flexeril, Kadian, potassium, Lidoderm, Lipitor, Ativan, Norco, Zofran, and Plavix. Tenderness about the cervical paraspinal region was noted. The applicant had undergone earlier failed cervical fusion surgery with residual complaints of dysphagia. The applicant also received multiple interventional spine procedures. Multiple medications were renewed. Permanent work restrictions were likewise renewed. It did not appear that the applicant was working with said permanent limitations in place. On October 22, 2014, the applicant again reported 8/10 neck pain, exacerbated by lifting,

twisting, pushing, and pulling. Permanent work restrictions were renewed. The attending provider suggested that the applicant had significant residual disability and/or impairment associated with her cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with Laryngologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clearinghouse; Carucci LR, Lalani T, Rosen MP, Cash BD, Katz DS, Kim DH, Small WC, Smith MP, Yaghmai V, Yee J.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Referrals section.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate if a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider is likely ill-equipped to address issues and/or allegations of dysphagia status post failed cervical fusion surgery. Obtaining the added expertise of a laryngologist/otolaryngologist who is better equipped to address allegations of dysphagia status post failed cervical fusion surgery is, thus, indicated. Therefore, the request was medically necessary.

Kadian 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Conversely, the request for Kadian, a long-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 was/is off of work, it was suggested on several progress notes, referenced above. The applicant continues to report pain complaints as high as 8/10 on October 22, 2014, with associated difficulty performing activities of daily living as basic as lifting, pushing, pulling, and twisting. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Percocet 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routinely suggested monitoring in applicants using NSAIDs includes periodic assessment of an applicant's CBC, hepatic function, and renal function. Here, while the applicant was not using NSAIDs, the applicant was using a variety of other medications, which are/were processed in the liver and kidneys, including Norco. By analogy, assessment of the applicant's hematologic, hepatic, and renal function to ensure that the same were compatible with currently prescribed medications was indicated. Therefore, the request was medically necessary.

Labs-CMP, CBC: 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 NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routinely suggested monitoring in applicants using NSAIDs includes periodic assessment of an applicant's CBC, hepatic function, and renal function. Here, while the applicant was not using NSAIDs, the applicant was using a variety of other medications, which are/were processed in the liver and kidneys, including Norco. By analogy, assessment of the applicant's hematologic, hepatic, and renal function to ensure that the same were compatible with currently prescribed medications was indicated. Therefore, the request was medically necessary.