MAXIMUS Federal Services

Case Number:	CM15-0071418		
Date Assigned:	04/21/2015	Date of Injury:	06/27/2002
Decision Date:	07/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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 57-year-old who has filed a claim for chronic neck, hand, wrist, and shoulder pain reportedly associated with an industrial injury of June 27, 2002. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for Norco, Colace, wrist MRI imaging, and shoulder MRI imaging. The claims administrator referenced a March 12, 2015 RFA form and associated February 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported multifocal complaints of neck, low back, wrist, hand, and knee pain with associated upper and lower extremity paresthesias. A slightly antalgic gait was noted with limited lumbar, shoulder, cervical spine, and wrist range of motion. Tenderness about the knee joint was appreciated. The applicant was placed off work, on total temporary disability. MR arthrography of the left wrist and MRI imaging of the left shoulder were sought while Synovacin, Prilosec, Norco, Colace, and Zanaflex were renewed. The attending provider did allude to MRI imaging of the left knee dated February 9, 2015 demonstrating a meniscal tear with associated cartilage loss. MRI imaging of the wrist dated February 11, 2015 was notable for postoperative changes and/or possible tear of the triangular fibro cartilage. The requesting provider was a pain management physician, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

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

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

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of 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, however, the applicant was off work, on total temporary disability, as of the date of the request, February 13, 2015. While the attending provider did recount some reported reduction in pain scores from 7/10 without medications to 4/10 with medications on that date, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Colace 100mg #120: Overturned

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

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

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

MRI of the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Conversely, the request for MRI imaging of the wrist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, and page 272 does acknowledge that MRI imaging of the wrist prior to history and physical examination by qualified specialist is "optional," here, however, little-to-no narrative rationale or narrative commentary accompanied the request for authorization. The RFA form apparently stated that wrist MRI imaging was being sought, while the February 13, 2015 progress note stated that MR arthrography of the wrist was being proposed on the grounds that

earlier wrist MRI imaging of February 11, 2015 was non-descriptive and failed to definitively establish a diagnosis of triangular fibro cartilage tear. However, the requesting provider, here, was a pain management physician, not a hand surgeon. Thus, there was not an implicit expectation that the applicant would act on the results of the study in question. The attending provider did not state, for instance, that the applicant was considering surgical intervention based on the outcome of the same. The fact that MRI studies of the wrist and shoulder were concurrently ordered significantly reduced the likelihood that the applicant was acting on the results of either study. Therefore, the request was not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178.

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

Decision rationale: Finally, the request for MRI imaging of the shoulder 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 of the shoulder without surgical indications is deemed "not recommended." Here, as with the preceding request, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the result of the study in question. The requesting provider was a pain management physician, not a shoulder surgeon. The fact that MRI imaging of the wrist and shoulder were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study. Therefore, the request was not medically necessary.