

Case Number:	CM13-0009108		
Date Assigned:	12/18/2013	Date of Injury:	07/08/2004
Decision Date:	02/05/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old male who reported an injury on 07/08/2004. The mechanism of injury was not provided in the medical records. The patient's diagnoses include: Chronic low back pain with radiation to bilateral extremities, facet osteoarthritis, and mild ligamentum hypertrophy resulting in mild diffuse narrowing of the spinal canal at L4-5 and L3-4. The physical exam findings include normal motor strength to the bilateral lower extremities, range of motion of the lumbar spine was noted as flexion to 80 degrees, and it was noted that the patient showed no evidence of aberrant medication behaviors. A plan was noted for labs to include serum hydrocodone and acetaminophen, and a GGT. It was noted that a point-of-care urine drug screen in the office on 07/22/2013 was performed and was found to be consistent with his prescriptions. His medications were listed at Lortab 10/500 three times a day, Mobic 7.5 twice a day, and trazodone 75 to 150 mg at bedtime for pain-related insomnia. It was also noted that the patient had a previous 30-day trial with a TENS unit and had good results.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS Guidelines state that a TENS unit is recommended for patients with documentation of pain of at least 3 months, evidence that other pain modalities had been tried and failed, documentation of pain relief and increased function with a 1-month trial of a TENS unit including documentation of how the unit was used, other pain treatments should be documented, and a treatment plan including short-term and long-term goals of treatment with the TENS unit should be submitted. The patient was noted to have reported having some pain relief with previous use of the TENS unit; however, the documentation did not show specific objective functional gains or detailed pain relief from use of a TENS unit. Additionally, the requests nor the clinical information provided included a treatment plan with specific short-term and long-term goals of the treatment with the TENS unit. As the patient was shown not to meet the criteria for use of the TENS unit, the request is not supported.

1 lab-serum hydrocodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10 and 32-33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The patient was noted to be taking Lortab 10/500 three times a day. According to California MTUS Guidelines, for patients taking opioids medications, drug screening may be recommended for patients with documentation of abuse, addiction, or poor pain control. The clinical information submitted for review stated that the patient had not shown any aberrant drug-taking behaviors; however, any further issues of abuse, poor pain control, or other risk factors were not addressed. Additionally, a urine drug screen performed on 07/22/2013 was noted to be negative for inappropriate substances. As such, it is unknown why the patient would need further drug testing to confirm hydrocodone and acetaminophen via serum testing. For this reason, the request is non-certified.

1 lab-acetaminophen: Upheld

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 Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The patient was noted to be taking Lortab 10/500 three times a day. According to California MTUS Guidelines, for patients taking opioids medications, drug screening may be recommended for patients with documentation of abuse, addiction, or poor

pain control. The clinical information submitted for review stated that the patient had not shown any aberrant drug-taking behaviors; however, any further issues of abuse, poor pain control, or other risk factors were not addressed. Additionally, a urine drug screen performed on 07/22/2013 was noted to be negative for inappropriate substances. As such, it is unknown why the patient would need further drug testing to confirm hydrocodone and acetaminophen via serum testing. For this reason, the request is non-certified.

1 lab-GGT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Abnormal liver chemistry - evaluation and interpretation. Victoria (BC): British Columbia Medical Services Commission; 2011 Aug 1. 5 p. [14 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The patient's medication list includes Mobic 7.5 mg twice a day. California MTUS Guidelines state NSAIDs should be used in caution in patients with moderate hepatic impairment and are not recommended for patients with severe hepatic impairment. It further states that borderline elevations of 1 or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Request was made for a GGT lab which is noted to be a liver enzyme test. However, the clinical information submitted for review fails to elaborate on the reason this testing is necessary as there is no documentation of hepatic impairment or a history of abnormal liver enzymes. With the absence of this more detailed documentation regarding the request, the requested lab is not supported.

1 prescription of Trazodone 75mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment

Decision rationale: The patient is noted to be taking trazodone 75 mg 1 to 2 at that time for pain-related insomnia. Official Disability Guidelines list recommended insomnia treatment to include benzodiazepines, non-benzodiazepine sedative hypnotics, melatonin and melatonin receptor agonists, and over-the-counter medications. Trazodone or tetracyclic antidepressants are not listed as an appropriate treatment for pain-related insomnia. Additionally, guidelines state there should be specific documentation regarding the patient's insomnia including whether it is related to the sleep onset, sleep maintenance, sleep quality, or next day functioning. The clinical information submitted for review failed to address the patient's pain-related insomnia and give details regarding this diagnosis. Additionally, it is unknown which other insomnia

treatments the patient may have tried prior to the tetracyclic antidepressant and the patient's outcome on Trazadone. With the absence of this more detailed documentation, the request is not supported.