

Case Number:	CM13-0021077		
Date Assigned:	11/08/2013	Date of Injury:	11/27/2006
Decision Date:	01/17/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation, 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 60-year-old male who reported an injury on 12/27/2006. The mechanism of injury was not reported. The patient is noted to have had undergone a left ankle arthroscopy, lumbar surgery with a spinal cord implantation and continued complaints of ongoing low back pain. The patient is noted to have continued pain which he reports as moderate to severe in the lower back with radiation to the left ankle and foot. He is noted to have been prescribed aspirin 81 mg 1 every day, Celebrex 200 mg 1 every day, Glucophage 850 mg 1 twice a day, hydrocodone/acetaminophen 7.5/325 mg 1 4 times a day as needed for pain, Intermezzo 3.5 mg at bedtime, Lisinopril 1 tablet every day, Lunesta 1 tablet at bedtime as needed, Zocor 1 tablet every day in the evening, and Viibryd dose and frequency not stated. He is also noted to be taking Lantus 100 units per ml once in the evening, dose not stated. The patient is reported on physical examination to have reported his pain without medication at 10/10, with his medications his pain was 7/10. The patient is reported to complain of fatigue, pain in the legs while walking, diarrhea, urinary frequency, lower extremity weakness, insomnia, and numbness in his extremities. A request was submitted for lab testing and for Intermezzo 3.5 mg. insomnia, and numbness in his extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

for Intermezzo 3.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 79.

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

Decision rationale: The patient is a 60-year-old male who reported an injury on 11/27/2006. The patient is noted to be status post left ankle arthroscopy and to have had undergone previous back surgery. He is noted to have been diagnosed with failed back syndrome and to have a spinal cord stimulator in place. He is reported to complain of insomnia and is noted to have been prescribed Lunesta as needed for sleep along with Intermezzo which is a form of Zolpidem. The California MTUS Guidelines do not address Zolpidem. The ODG state that Zolpidem is a short acting benzodiazepine hypnotic which is approved for short-term use, usually for 2 to 6 weeks for treatment of insomnia. As the patient has been prescribed Intermezzo for what appears to be a long-term routine basis for treatment of insomnia, the requested Intermezzo does not meet guideline recommendations. Based on the above, the request for Intermezzo is non-certified.

Lab Aspirin Level: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Test Online, Salicylates.

Decision rationale: The patient is a 60-year-old male who reported an injury on 11/27/2006. He is reported to have undergone a left ankle arthroscopy and to have had undergone lumbar surgeries to be diagnosed with failed lumbar surgery syndrome and to have had undergone an implantation of a spinal cord stimulator. The patient is noted to have been prescribed 81 mg of aspirin daily. However, as there is no documentation that the patient has symptoms indicating overdose of aspirin indicating bruising, excessive bleeding, bleeding from the rectum or vomiting with coffee ground emesis or ringing in the ears, the need for a lab for aspirin levels is not established. Based on the above, the requested lab aspirin is non-certified.

Lab Free Testosterone: 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 Page(s): 110, 111.

Decision rationale: The patient is a 60-year-old male who reported an injury on 11/27/2006. He is noted to have undergone a left ankle arthroscopy and to have undergone low back surgeries. He is diagnosed with failed back syndrome and to have had undergone a lumbar spinal cord

stimulator. He is noted to have been utilizing opioids on a routine ongoing basis due to his chronic back pain. The California MTUS Guidelines state that testosterone replacement for hypogonadism related to opioids is recommended for patients taking high dose long-term opioids with documented low testosterone levels; however, there is no documentation that the patient is reported to have symptoms of low testosterone levels, and as such, the need for a lab test for testosterone levels is not indicated. Based on the above, the request for lab free testosterone is non-certified.

Lab TSH (Thyroid-stimulating Hormone): 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 Page(s): 2.

Decision rationale: The patient is a 60-year-old male who reported an injury on 11/27/2006. He is reported to have undergone a left ankle arthroscopy and to have undergone lumbar surgeries. He is diagnosed with failed back syndrome and is noted to have had undergone implantation of a lumbar spinal cord stimulator on an unstated date. He is reported to continue to complain of moderate to severe low back pain with radiation of pain to the left ankle and foot. The patient is noted to be taking multiple medications for pain and to assist with sleep. The California MTUS Guidelines state that neuropathic pain may sometimes be caused by hypothyroidism; however, there is no documentation that the patient has findings of hypothyroidism on physical exam. In addition, the patient is noted to have undergone a TSH on 03/15/2013 which was within normal limits and as such, the need for a repeat TSH is not indicated. Based on the above, the requested lab TSH is non-certified.

Lab Uric Acid: 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 NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), specific drug list and adverse effects Page(s):.

Decision rationale: The patient is a 60-year-old male who reported an injury on 11/27/2006. He is reported to have undergone a left ankle arthroscopy and to have had undergone lumbar back surgery. He is diagnosed with postlaminectomy syndrome and is noted to have undergone a spinal cord stimulator implantation on an unstated date. He is reported to complain of ongoing low back pain and left ankle and foot pain. He reports radiation of pain to his left lower extremity to the foot. He noted his pain is moderate to severe. He is noted to be utilizing nonsteroidal anti-inflammatory Celebrex as part of treatment for his ongoing complaints of pain. The California MTUS Guidelines state that for patients on routine nonsteroidal anti-inflammatories, periodic drug monitoring consisting of a CBC (complete blood count) and chemistry profile including renal and function testing is recommended. The patient is noted to

have been recently authorized for a CBC and chemistry testing. There is no indication that the patient has symptoms of urinary tract infection and the patient has previously been authorized for CBC and chem profile for renal and liver function, and, as such, the need for a urinalysis is not established. Based on the above, the requested lab U/A (Uric Acid) is non-certified.