MAXIMUS Federal Services

Case Number:	CM13-0022522		
Date Assigned:	11/13/2013	Date of Injury:	10/02/2004
Decision Date:	02/04/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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 and Cardiology, has a subspecialty in Fellowship trained Cardiovascular Disease and is licensed to practice in Texas. 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 47-year-old female who reported a work-related injury on 10/02/2004. The patient has been treated for chronic neck, shoulder, knee, and hand/wrist pain. The patient was noted to be pending a surgical procedure of an arthroscopic evaluation of her right shoulder. Recent clinical documentation stated that the patient had been Methicillin-resistant Staphylococcus aureus (MRSA) positive in the past and had been treated with oral antibiotics, along with nasal Bactroban. She had new lesions, indicative of a return of the infection; therefore, routine screening lab tests would be done on the patient to assess the potential for immunosuppression to minimize the potential for intraoperative infection. A request has been made for alprazolam 0.5 mg #60, Norco 10/325 mg #180, omeprazole 20 mg #30, Savella 50 mg #60 and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Alprazolam 0.5.mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to four weeks. Per the submitted clinical documentation, there was no clear rationale for the patient's prescribed medication Alprazolam. The patient was noted to have been taking alprazolam for over a year, which is much longer than recommended. Therefore, the decision for one prescription of alprazolam 0.5 mg #60 is non-certified.

One prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Recent clinical documentation stated that the patient complained of pain to her neck and shoulders and stated that her pain was a six out of ten with ten being the worst. The patient stated that rest improved her condition, and throwing worsened her condition. The patient also complained of knee pain that she rated as six out of ten with ten being the worst. The patient stated that she was experiencing limited movement, stiffness and weakness. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be noted for patients taking opioids for pain management. A pain assessment should include the patient's level of pain before and after taking medications. There were no functional benefits or improvements noted for the patient which could be objectively measured due to the use of Norco. Guidelines recommend the continued use of Norco if there is functional improvement with medication use. There was a lack of documentation noting the patient's significant relief or functional improvements as a result of this medication. As such, the decision for one prescription of Norco 10/325 mg #180 is non-certified.

One prescription of Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that for patients at intermediate risk for gastrointestinal events and/or cardiovascular disease, a nonselective Nonsteroidal anti-inflammatory drug (NSAID) with either a proton pump inhibitor or misoprostol is recommended. The Official Disability Guidelines indicate that proton pump inhibitors are recommended for patients at risk for gastrointestinal events and, in general, the use of a proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest

possible amount of time. There was a lack of clinica documentation noted for the rationale for the patient's medication omeprazole. The patient was noted to be taking an Nonsteroidal anti-inflammatory drug (NSAID); however, she was not noted to be at risk for gastrointestinal distress and did not have any subjective or objective findings of gastrointestinal symptoms. Therefore, the decision for one prescription of omeprazole 20 mg #30 is non-certified.

One request for labs: comprehensive metabolic panel, complete blood count, Thyroid-Stimulating Hormone, Urine Drug Screen, and Human Immunodeficiency Virus: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Recent clinical documentation submitted for review noted that the patient had undergone a CBC and renal function test in 07/2013 and a CBC and liver/kidney chemistry test in 05/2013. The California Medical Treatment Guidelines indicate that urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs. Per the submitted clinical documentation, the patient was not noted to be at a risk of misuse of her medications. The Official Disability Guidelines state that patients at low risk of addiction/aberrant behavior should be tested within six months of the initiation of therapy and then on a yearly basis thereafter. It was unclear per the submitted documentation as to the date of the patient's last urine drug screen testing. The Official Disability Guidelines indicate that laboratory tests are not good standardized screening instruments for diseases. The guidelines indicate that a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Comprehensive Metabolic Panel is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. Thyroid antibody testing is primarily ordered to help diagnose an autoimmune thyroid disease and to distinguish it from other forms of thyroid dysfunction. Human Immunodeficiency virus testing is indicated to determine if a patient has been infected with Human immunodeficiency virus. The guidelines further state that pre-operative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. A clinical rationale was not provided for the request of lab work for the patient. As such, the decision for one request for labs: comprehensive metabolic panel, complete blood count, thyroid-stimulating hormone, urine drug screen and human immunodeficiency virus is non-certified.

One acute hepatitis panel, immunoglobulin assessment, and nasal culture for Methicillin-resistant Staphylococcus aureus(MRSA): 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 Official Disability Guidelines (ODG).

Decision rationale: Recent clinical documentation stated that the patient had multiple open lesions and soft tissue masses, consistent with a superficial staph infection. There was no rationale provided for one acute hepatitis panel and immunoglobulin assessment. The Official Disability Guidelines indicate that patients taking opioids for pain management can include high risk patients with underlying pathology to include disease associated with substance abuse, including Human Immunodeficiency Virus (HIV), hepatitis B and C, and pathology associated with alcoholism or drug abuse. The patient was not noted in the submitted clinical documentation to be at high risk for misuse of medications or aberrant behavior. An acute hepatitis panel is used to help detect and/or diagnose an acute liver infection due to one of the three most common hepatitis viruses. Immunoglobulin testing used to detect and/or monitor increased or decreased levels of one or more of the immunoglobulin types (IgG, IgA, and IgM) that are used to evaluate a person's immune system status. The Official Disability Guidelines also indicate recommendations to include treating all cases for Methicillin-resistant Staphylococcus aureus (MRSA) versus limiting this to severely ill patients or those that fail empiric beta-lactam therapy. When local rates of Methicillin-resistant Staphylococcus aureus (MRSA) are greater than 10%, it has been recommended that all cases be treated for Methicillin-resistant Staphylococcus aureus (MRSA). While the request for the nasal culture for methicillin resistant Staphylococcus aureus may be indicated, the decision for one acute hepatitis panel and immunoglobulin assessment is not recommended as there was no rationale provided for these tests being ordered; therefore, the request in its entirety is non-certified.