

<b>Case Number:</b>	CM13-0027167		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Family Practice 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 42-year-old female who reported an injury on 02/16/2005 due to a twisting motion causing injury to her back. The patient underwent an MRI of the cervical, thoracic, and lumbar spines that revealed minor degenerative multilevel changes without any evidence of focal disc protrusions or significant stenosis. The patient's chronic pain was managed with medications. The patient underwent an echocardiogram in 03/2011 that did not reveal any cardiac damage. It is documented that the patient is significantly sensitive to all medications and uses Demerol injections for pain control in combination with codeine. The patient's most recent clinical examination findings included tenderness to palpation over the lumbar paraspinal musculature with severely limited range of motion described as 60 degrees in flexion, 20 degrees in extension limited due to pain. The patient's diagnoses included chronic pain syndrome of the lumbar and cervical spine. The patient's treatment plan included continuation of a home exercise program, an echocardiogram, multiple lab requests, and continuation of her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested Meprazole 20mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has nausea related to medication usage. However, there is no documentation of gastrointestinal upset related to long-term use of non-steroidal anti-inflammatory drugs. The California Medical Treatment and Utilization Schedule recommends the use of gastrointestinal protectants when there is a history of significant gastrointestinal risk related to extended medication usage. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for gastrointestinal events. Additionally, the most recent clinical evaluations do not provide any evidence that the patient is experiencing gastrointestinal issues related to her medication usage. As such, the requested Meprazole 20mg #60 is not medically necessary or appropriate

**Repeat ECHO:** 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  
<http://www.nlm.nih.gov/medlineplus/ency/article/003869.htm>

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, does not address this test. The requested repeat ECHO is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient has had a significant change in presentation since the patient's last echocardiogram. Additionally, an online resource, MedlinePlus, recommends this type of diagnostic testing for patients with abnormal heart valves, atrial fibrillation, congenital heart disease, damage to the heart muscle, heart murmurs, infection in the sac around the heart, infectious endocarditis, pulmonary hypertension, suspicion of heart failure or stroke. The clinical documentation submitted for review does not provide any evidence that the patient has undergone or developed any of these issues since the prior echocardiogram. Therefore, additional testing would not be supported. As such, the requested repeat ECHO is not medically necessary or appropriate.

**Hepatitis Panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: LABS Page(s): 23, 64.

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

**Decision rationale:** The requested Hepatitis panel is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent a hepatitis panel. However, the results of that panel were not submitted for review. Therefore, the need for additional testing cannot be determined. The California Medical Treatment and Utilization Schedule recommends periodic lab monitoring for patients taking long-term non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the patient has a history of long-term non-steroidal anti-inflammatory drug usage. As such, the requested Hepatitis panel is not medically necessary or appropriate.

**Serum Ferritin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: LABS Page(s): 23, 64.

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

**Decision rationale:** The requested Serum Ferritin is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent a hepatitis panel. However, the results of that panel were not submitted for review. Therefore, the need for additional testing cannot be determined. The California Medical Treatment and Utilization Schedule recommends periodic lab monitoring for patients taking long-term non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the patient has a history of long-term non-steroidal anti-inflammatory drug usage. As such, the requested Serum Ferritin is not medically necessary or appropriate.

**Arthritis panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On line version: Chronic Pain Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthcommunities.com/blood-tests/rheumatology-blood-tests.shtml>.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address this testing. The requested Arthritis panel is not medically necessary or appropriate. An online resource [remedieshealth.com](http://remedieshealth.com) states, "Antibody tests for autoimmune disorders are often necessary. Many rheumatological conditions - including (Rheumatoid Arthritis) RA, Systemic Lupus Erythematosus (SLE), and scleroderma - are caused by abnormal autoimmune responses where the body mistakenly releases immune

cells to attack healthy tissues." The clinical documentation submitted for review does not provide any evidence that the patient has a possible diagnosis of any of these disease processes. As such, the requested Arthritis panel is not medically necessary or appropriate.

**SED rate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: LABS Page(s): 23, 64.

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

**Decision rationale:** The requested SED rate is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent a hepatitis panel. However, the results of that panel were not submitted for review. Therefore, the need for additional testing cannot be determined. The California Medical Treatment and Utilization Schedule recommends periodic lab monitoring for patients taking long-term non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the patient has a history of long-term non-steroidal anti-inflammatory drug usage. As such, the requested SED rate is not medically necessary or appropriate.

**CRP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: LABS Page(s): 23, 64.

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

**Decision rationale:** The requested CRP is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent a hepatitis panel. However, the results of that panel were not submitted for review. Therefore, the need for additional testing cannot be determined. The California Medical Treatment and Utilization Schedule recommends periodic lab monitoring for patients taking long-term non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the patient has a history of long-term non-steroidal anti-inflammatory drug usage. As such, the requested CRP is not medically necessary or appropriate.

**Anti-nuclear antibody:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: LABS. Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthcommunities.com/blood-tests/rheumatology-blood-tests.shtml>.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address this test. The requested Anti-nuclear antibody is not medically necessary or appropriate. An online resource [remedieshealth.com](http://remedieshealth.com) states, "Antibody tests for autoimmune disorders are often necessary. Many rheumatological conditions - including RA, SLE, and scleroderma - are caused by abnormal autoimmune responses where the body mistakenly releases immune cells to attack healthy tissues." The clinical documentation submitted for review does not provide any evidence that the patient has a possible diagnosis of any of these disease processes. As such, the requested Anti-nuclear antibody is not medically necessary or appropriate.

**Rheumatoid Factor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: LABS. Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthcommunities.com/blood-tests/rheumatology-blood-tests.shtml>.

**Decision rationale:** The requested Rheumatoid factor is not medically necessary or appropriate. An online resource: [remedieshealth.com](http://remedieshealth.com) states, "Antibody tests for autoimmune disorders are often necessary. Many rheumatological conditions - including RA, SLE, and scleroderma - are caused by abnormal autoimmune responses where the body mistakenly releases immune cells to attack healthy tissues." The clinical documentation submitted for review does not provide any evidence that the patient has a possible diagnosis of any of these disease processes. As such, the requested Rheumatoid factor is not medically necessary or appropriate.

**X-rays lumbar flexion/extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested x-rays lumbar flexion/extension are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously undergone this type of diagnostic testing. The American College of Occupational and Environmental Medicine states, "Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal

pathology, even if the pain has persisted for at least 6 weeks." The clinical documentation submitted for review does not provide any evidence that the patient has any significant spinal pathology. Additionally, there is no indication of how additional lumbar x rays would contribute to the patient's pain management. As such, the requested x-rays lumbar flexion/extension are not medically necessary or appropriate.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

**Decision rationale:** The requested MRI lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that there has been a significant change in the patient's clinical presentation since the prior MRI. The American College of Occupational and Environmental Medicine recommends MRIs when there is documented evidence of neurological deficits. The clinical documentation submitted for review does not provide any evidence of significant neurological deficits that would require an imaging study. Additionally, the Official Disability Guidelines do not recommend repeat imaging unless there is evidence of significant progression of symptoms or a change in pathology. The clinical documentation submitted for review did not provide any evidence of a significant change in the patient's clinical presentation to suggest progressive neurological deficits or a change in pathology. Therefore, additional imaging would not be indicated. As such, the requested MRI lumbar spine is not medically necessary or appropriate.

**Simethicone 40mg:** 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 <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682683.html>

**Decision rationale:** The requested Simethicone 40mg is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient is on this medication to manage gastrointestinal issues. An online resource indicates that this medication is used to treat symptoms of gas such as uncomfortable or painful pressure, fullness, or bloating. The clinical documentation submitted for review does not provide any evidence that the patient suffers from any of these symptoms and would require medication management. As such, the requested Simethicone 40mg is not medically necessary or appropriate.