

<b>Case Number:</b>	CM13-0027591		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Internall Medicine 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 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/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 55 year old male who was injured on 10/02/2007. His injury occurred while he was doing his usual work duties. Treatment history included physical therapy which provided limited benefit, LESI which also provided limited benefit, and shoulder cortisone injection. Medication therapy included 600 mg, Tramadol 50 mg, and Naproxen-sodium 550 mg. Diagnostic studies reviewed include MR Arteriogram of the right shoulder performed 10/26/2011 which revealed findings compatible with minimal supraspinatus tendonitis. MR Arteriogram of the left shoulder performed 10/26/2011 which revealed arthropathy of the left shoulder. Arteriogram of the right shoulder revealed mild extravagation into the soft tissue around the right shoulder and degenerative change of right acromioclavicular joint. Arteriogram of the left shoulder was within normal limits. MRI of the cervical spine performed 04/09/2011 revealed C5-C6 disc protrusion that abuts the thecal sac. There is bilateral neuroforaminal narrowing. Facet and uncinat arthropathy is noted. There is a C6-C7 disc protrusion that abuts the thecal sac. There is bilateral neuroforaminal narrowing. Facet and uncinat arthropathy is noted. C7-T1 revealed straightening of the cervical lordosis which may be due to myospasm. MRI of the left shoulder performed on 04/09/2011 revealed supraspinatus and biceps tendinosis, acromioclavicular DJD, and glenohumeral chondromalacia. MRI of the lumbar spine performed on 04/09/2011 revealed L2-L3 disc protrusion and facet hypertrophy produces bilateral neuroforaminal narrowing; L3-L4 revealed right facet arthropathy; L4-L5 right par central disc protrusion and right facet hypertrophy produces right neuroforaminal narrowing; L5-S1 revealed disc protrusion that abuts the thecal sac and straightening of the lumbar lordosis which may be due to myospasm. MRI of the right shoulder performed on 04/09/2011 revealed supraspinatus and biceps tendinosis, acromioclavicular DJD, glenohumeral chondromalacia. EMG and NCV of UEs performed on 04/06/2011 revealed evidence of a

moderate right carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components; revealed evidence of a mild left carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory components; and it also revealed evidence of mild acute L5 radiculopathy on the right and left. Pain Medicine Report dated 08/06/2013 documented the patient to have complaints of low back pain that radiated to bilateral lower extremities to the level of foot. The back pain is associated with numbness in the lower extremity. The patient also complains of neck pain that radiates to bilateral upper extremities to the level of shoulder and hand. The neck pain is associated with numbness in the upper extremity. The patient also complains of bilateral shoulder pain. The patient's pain level is increased with average pain level of 8/10 with medications and 10/10 without medications. He reports headaches and legs giving way occasionally. Objective finding on exam reveal the patient was observed to be in moderate distress. The patient's gait was antalgic and assisted with the use of a positive brace. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. There is spinal vertebral tenderness noted in the lumbar spine at the L4-S1 level. There is lumbar myofascial tenderness noted on palpation. The range of motion of the cervical spine revealed moderate reduction secondary to pain. The spinal vertebral tenderness noted in the cervical spine at the C5-C7 level. Cervical myofascial tenderness noted on palpation. The sensory examination showed decreased touch in the right and left upper extremities, right and left lower extremities. There is decreased sensation noted along the C6, L5 dermatome; straight leg raise with the patient in the seated position and the leg fully extended was positive on the bilateral lower extremities for radicular p

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RETROSPECTIVE COMPREHENSIVE METABOLIC PANEL (DOS: 8/6/13):**

Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

**Decision rationale:** CA MTUS guidelines and ODG do not discuss the issue in dispute and hence other-evidence based guidelines have been consulted. As per the referenced guidelines, a comprehensive metabolic panel is recommended to measure sugar (glucose) level, electrolyte and fluid balance, kidney function, and liver function. Records review indicate that this patient has a history of hypertension, diabetes mellitus, and abnormal kidney function in the past. He has long-term use of NSAIDs and acetaminophen which may affect the kidneys and/or liver. Thus, the medical necessity has been established and the request is certified.

**REFILL OPIATE MEDICATIONS (UNSPECIFIED):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids. Page(s): 76-82.

**Decision rationale:** As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic lower back pain and has been prescribed Tramadol for long periods of time. For the past 6-8 months, this patient has consistently reported his pain level as 7-8/10 with no reduction in pain level and no documentation of functional improvement with the use of this medication. Also, guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a urine drug screening was done. Thus, the request is non-certified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.