

Case Number:	CM13-0034789		
Date Assigned:	12/27/2013	Date of Injury:	12/21/1998
Decision Date:	03/13/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 54 year-old with a date of injury of 12/21/98. The mechanism of injury was a slip and fall onto her back. A progress report included by [REDACTED], dated 08/05/13, identified subjective complaints of low back pain radiating into both legs. Medical comorbidities include hypothyroidism and hyperlipidemia as well as anxiety and depression. She is status-post gastric bypass surgery. Objective findings included a normal neurological examination. The musculoskeletal and back examination is not documented. Previous laboratory studies were last obtained in December 2012. Diagnoses included cervical disc disease; facet arthropathy; and lumbosacral radiculopathy with chronic pain syndrome. Treatment includes the following medications - acetaminophen, Arthrotec, methadone, Neurontin, Norco, Lipitor, and levothyroxine. Pain score is described as 3/10 with medications and 8/10 without medications. A Utilization Review determination was rendered on 09/17/13 recommending non-certification of "Arthrotec 75/200mg; Lab test: Acetaminophen; CBC with differential; Lab test: EIA9; Lab test: Gabapentine; Lab test: GGTP; Lab test: Hydrocodone; Lab test: Methadone; Lab test: TSH; Lab test: Urinalysis".

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotec 75/200mg: 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) Treatment

in Workers Comp 2012, compound medications (online version) and Work Loss Data Institute, updated 10/14/12, (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-73.

Decision rationale: Arthrotec is a combination of diclofenac, an NSAID (Non-steroidal anti-inflammatory drug), and misoprostol, an agent that decreases gastric acid secretion and protects the gastric mucosa. NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. There is inconsistent evidence for the long-term treatment of neuropathic pain with NSAIDs. Precautions are listed related to side effects. There is no indication that the therapy is for a short period rather than what appears to be long-term. The patient has been on the medication for over a year. Therefore, there is no documentation in the record for the medical necessity of the NSAID. Likewise, prophylaxis against the GI side effects of NSAIDs is based upon the patient's risk factors. These include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. Specifically, non-selective NSAIDs without prophylaxis are considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of any of the above risk factors. Therefore, the medical record does not document the medical necessity for the antacid therapy (drug combination).

Lab test: Acetaminophen: 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 Drug testing Page(s): 43.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that drug testing is recommended as an option, using a drug screen to assess for the presence of illegal drugs. The manufacturer's recommendation for monitoring of acetaminophen drug levels includes: "When overdose is suspected and with long-term use in patients with hepatic disease." Acetaminophen is not an illegal drug. Likewise, in this case, there is no documentation of hepatic disease or suspected overdose. Therefore, there is no documented medical necessity for an acetaminophen drug level.

Lab test: CBC with differential: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, labs Page(s): 70, 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The patient is on therapy with NSAIDs. The Medical Treatment Utilization Schedule (MTUS) Guidelines related to NSAID therapy states that package inserts recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The interval for monitoring has not been established. In this case, the last CBC was done nine months prior to this request. The denial for services was based upon the lack of a recommendation for the frequency of periodic monitoring. However, lack of a recommended frequency does not obviate the need for periodic monitoring as recommended. General standard of care is to monitor lab therapy at intervals of 6-12 months when on medications with potential associated side-effects. Therefore, in this case, there is documented necessity for obtaining a CBC.

Lab test: EIA9: Overturned

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 Drug Testing; Opioids Page(s): 43; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Tools for Risk Stratification & Monitoring; Urine Drug Testing

Decision rationale: An EIA 9 is a urine drug screen that includes barbiturate, benzodiazepines, cocaine metabolites, marijuana, methadone, opiates, phencyclidine, and propoxyphene. The Medical Treatment Utilization Schedule (MTUS) notes that drug testing is recommended as an option, using a drug screen to assess for the presence of illegal drugs. Likewise, frequent random urine toxicology screens are recommended as a step to avoid misuse or addiction. The Official Disability Guidelines also recommend screening tests for the risk of misuse of prescription opioids and/or aberrant drug behavior, prior to initiating opioid therapy and with ongoing therapy (though frequency of testing is not well defined). However, the Guidelines do further note that the frequency of testing should be based upon risk stratification: - Low Risk - pathology is identifiable with objective and subjective symptoms to support a diagnosis. There is an absence of psychiatric comorbidity. - Moderate Risk - the patient generally has objective and subjective symptoms of an identifiable diagnostic problem but may have some but not all of the identifiers found under the "high risk" category. - High Risk - minimal objective findings are documented to explain pain. Symptom magnification can be noted. Hyperalgesia may be present. There may be underlying alcohol or drug abuse, or an underlying psychiatric condition. The recommended frequency of drug testing then includes: - Low Risk - within six months of initiation of therapy and on a yearly basis thereafter. - Moderate Risk - 2 to 3 times per year. - High Risk - may require testing as often as once per month. The Guidelines further recommend a standard panel of drug classes that include cocaine metabolites, amphetamines, opiates (morphine and codeine), opioids (Oxycodone and methadone), marijuana, barbiturates and benzodiazepines. Therefore, an EIA 9 panel for screening is appropriate. The patient is in a moderate risk category due to her associated anxiety and depression. The recommended frequency of testing is 2-3 times per year.

The requested test is in that time frame, with the last panel in December of 2012. Therefore, there is documented medical necessity for an EIA 9 panel.

Lab test: Gabapentine: 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 Up To Date Publication-Neurontin

Decision rationale: Gabapentin (Neurontin) is an anti-seizure agent. The Medical Treatment Utilization Schedule (MTUS) notes that drug testing is recommended as an option, using a drug screen to assess for the presence of illegal drugs. Routine monitoring of Gabapentin levels is not recommended. The manufacturer's recommendation for monitoring of Gabapentin drug levels includes: "Monitor serum levels of concomitant anticonvulsant therapy; suicidality." Gabapentin is not an illegal drug. Likewise, in this case, there is no documentation of concomitant anticonvulsant therapy or suicidality. Therefore, there is no documented medical necessity for a Gabapentin drug level.

Lab test: GGTP: 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 Opioids; drug Testing Page(s): 43,94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Tools for Risk Stratification & Monitoring; Urine Drug Testing

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that drug testing is recommended as an option, using a drug screen to assess for the presence of illegal drugs. Likewise, frequent random urine toxicology screens are recommended as a step to avoid misuse or addiction. The Official Disability Guidelines also recommend screening tests for the risk of misuse of prescription opioids and/or aberrant drug behavior, prior to initiating opioid therapy and with ongoing therapy (though frequency of testing is not well defined). However, the Guidelines do further note that the frequency of testing should be based upon risk stratification: - Low Risk - pathology is identifiable with objective and subjective symptoms to support a diagnosis. There is an absence of psychiatric comorbidity. - Moderate Risk - the patient generally has objective and subjective symptoms of an identifiable diagnostic problem but may have some but not all of the identifiers found under the "high risk" category. - High Risk - minimal objective findings are documented to explain pain. Symptom magnification can be noted. Hyperalgesia may be present. There may be underlying alcohol or drug abuse, or an underlying psychiatric condition. The recommended frequency of drug testing then includes: - Low Risk - within six months of initiation of therapy and on a yearly basis thereafter. - Moderate Risk - 2 to 3 times per year. - High Risk - may require testing as often as once per month. The Guidelines

further recommend a standard panel of drug classes that include cocaine metabolites, amphetamines, opiates (morphine and codeine), opioids (Oxycodone and methadone), marijuana, barbiturates and benzodiazepines. The patient is in a moderate risk category due to her associated anxiety and depression. The recommended frequency of testing is 2-3 times per year. The requested test is in that time frame, with the last panel in December of 2012. An EIA 9 panel has been approved that includes Hydrocodone. Therefore, there is no documented medical necessity for separate Hydrocodone screening.

Lab test: Methadone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment labs Page(s): 22, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; drug Testing Page(s): 43,94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Tools for Risk Stratification & Monitoring; Urine Drug Testing.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that drug testing is recommended as an option, using a drug screen to assess for the presence of illegal drugs. Likewise, frequent random urine toxicology screens are recommended as a step to avoid misuse or addiction. The Official Disability Guidelines also recommend screening tests for the risk of misuse of prescription opioids and/or aberrant drug behavior, prior to initiating opioid therapy and with ongoing therapy (though frequency of testing is not well defined). However, the Guidelines do further note that the frequency of testing should be based upon risk stratification:

Lab test: Hydrocodone: 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 Opioids; drug Testing Page(s): 43,94.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that drug testing is recommended as an option, using a drug screen to assess for the presence of illegal drugs. Likewise, frequent random urine toxicology screens are recommended as a step to avoid misuse or addiction. The Official Disability Guidelines also recommend screening tests for the risk of misuse of prescription opioids and/or aberrant drug behavior, prior to initiating opioid therapy and with ongoing therapy (though frequency of testing is not well defined). However, the Guidelines do further note that the frequency of testing should be based upon risk stratification: - Low Risk - pathology is identifiable with objective and subjective symptoms to support a diagnosis. There is an absence of psychiatric comorbidity. - Moderate Risk - the patient generally has objective and subjective symptoms of an identifiable diagnostic problem but may have some but not all of the identifiers found under the "high risk" category. - High Risk - minimal objective findings are documented to explain pain. Symptom magnification can be noted.

Hyperalgesia may be present. There may be underlying alcohol or drug abuse, or an underlying psychiatric condition. The recommended frequency of drug testing then includes: - Low Risk - within six months of initiation of therapy and on a yearly basis thereafter. - Moderate Risk - 2 to 3 times per year. - High Risk - may require testing as often as once per month. The Guidelines further recommend a standard panel of drug classes that include cocaine metabolites, amphetamines, opiates (morphine and codeine), opioids (Oxycodone and methadone), marijuana, barbiturates and benzodiazepines. The patient is in a moderate risk category due to her associated anxiety and depression. The recommended frequency of testing is 2-3 times per year. The requested test is in that time frame, with the last panel in December of 2012. An EIA 9 panel has been approved that includes Hydrocodone. Therefore, there is no documented medical necessity for separate Hydrocodone screening.

Lab test: TSH: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Laboratory Assessment of Thyroid Function and (online version) www.synthroid.com.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address laboratory monitoring of hypothyroidism. Authoritative sources such as UpToDate note that too high a dose of thyroid supplementation over the long-term can lead to adverse effects such as osteoporosis. The TSH is the best marker to adjust dosing. The manufacturer recommends monitoring at 6-8 week intervals until normalization of dose. Thereafter, every 6-12 months. In this case, the last study was eight months ago. Therefore, there is documented medical necessity for obtaining a TSH.

Lab test: Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation UpToDate publication - Urinalysis in the Diagnosis of Kidney Disease.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address a diagnostic urinalysis specifically. Likewise, the request was not specified as a urine drug screen. Authoritative sources such as UpToDate note that a urinalysis plays a central role in evaluation of acute and chronic kidney disease. In this case, there is no documentation of the presence of acute or chronic kidney disease. Likewise, none of the prescribed oral therapy requires periodic monitoring with a urinalysis. Therefore, there is no documented medical necessity in the record for a urinalysis.