

Case Number:	CM13-0035916		
Date Assigned:	12/13/2013	Date of Injury:	05/18/1994
Decision Date:	03/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 44-year-old male who reported an injury on 05/18/1994 when the patient fell through a roof, and reportedly suffered a brain injury and cervical fracture. The patient underwent cervical fusion as a result of that fracture. Postsurgical treatments have included extensive physical therapy, acupuncture, medications, and injections. The patient ultimately developed low back pain and underwent a lumbar medial branch neurotomy of the L2, L3, L4, and L5 bilaterally. The patient's medication schedule included bisacodyl, Cialis, docusate sodium, hydrocodone/acetaminophen, ibuprofen, Lunesta, Miralax, Nexium, Pepcid, Vesicare, and trazodone. The patient's most recent clinical documentation indicated that the patient had tenderness to palpation over the sacroiliac joint, with moderate muscle spasming of the lumbar spine. Examination of the cervical spine revealed tenderness to palpation over the paraspinal cervical musculature, and bilateral facetogenic pain at the C6-7 and C7-T1, worse with facet loading. The patient's diagnoses included COAT, neurogenic spastic bladder, C5 through C7 level with central cord syndrome, failed back surgery syndrome cervical, sacroiliitis, chronic pain due to trauma, and erectile dysfunction due to cord injury. The patient's treatment plan included a urine drug screen and routine labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Blood EIA9 lab between 9/9/2013 and 12/7/2013: 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.

Decision rationale: The requested Blood EIA9 lab between 09/09/2013 and 12/07/2013 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of lab monitoring for renal and liver functions. The patient is using nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review does provide evidence that the patient has been using nonsteroidal anti-inflammatory drugs for an extended duration. However, the clinical documentation submitted for review did not identify the nature of this test. An exhaustive on-line search could not identify what this test is used to determine; therefore the necessity for treatment planning could not be determined. As such, the requested 1 Blood EIA9 lab between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate.

1 Lab for free Testosterone between 9/9/2013 and 12/7/2013: 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) Pain Chapter, Testosterone replacement for hypogonadism (related to opioids)

Decision rationale: The requested lab for Free Testosterone between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate. Official Disability Guidelines do recommend testosterone levels be monitored when the patient has evidence of hypogonadism. The clinical documentation submitted for review does provide evidence that the patient has been on opioids for an extended period of time. However, the clinical documentation does not provide any evidence of symptoms of hypogonadism that would support the need for this testing. As such, the requested 1 lab for Free Testosterone between 09/19/2013 and 12/07/2013 is not medically necessary or appropriate.

1 Lab for Chem 20 between 9/9/2013 and 12/7/2013: 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 Section NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested 1 lab for Chem 20 between 09/09/2013 and 12/07/2013 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of lab monitoring for renal and liver functions. The patient is using non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does

provide evidence that the patient has been using non-steroidal anti-inflammatory drugs for an extended duration. However, the clinical documentation submitted for review did not provide any evidence of prior testing. Therefore, it is unclear how additional routine blood work would contribute to the patient's treatment plan. As such, the requested 1 lab for Chem 20 between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate.

1 Lab for GGTP between 9/9/2013 and 12/7/2013: 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 Section NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested 1 lab for GGTP between 09/09/2013 and 12/07/2013 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of lab monitoring for renal and liver functions. The patient is using non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does provide evidence that the patient has been using non-steroidal anti-inflammatory drugs for an extended duration. However, the clinical documentation submitted for review did not provide any evidence of prior testing. Therefore, it is unclear how additional routine blood work would contribute to the patient's treatment plan. As such, the requested 1 lab for GGTP between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate.

1 Lab for CBC with differential between 9/9/2013 and 12/7/2013: 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 Section NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested 1 lab for CBC with differential between 09/09/2013 and 12/07/2013 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of lab monitoring for renal and liver functions. The patient is using non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does provide evidence that the patient has been using non-steroidal anti-inflammatory drugs for an extended duration. However, the clinical documentation submitted for review did not provide any evidence of prior testing. Therefore, it is unclear how additional routine blood work would contribute to the patient's treatment plan. As such, the requested 1 lab for CBC with differential between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate.

1 Lab for TSH between 9/9/2013 and 12/7/2013: 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://labtestsonline.org/understanding/analytes/tsh/tab/glance>

Decision rationale: The requested 1 lab for TSH between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate. An online resource, Labtests.org, recommends that TSH testing be completed for patients who are suspected of having thyroid disturbances. The clinical documentation submitted for review does not provide any evidence that the patient has any thyroid disturbances. Therefore, the need for this testing is not established. As such, the requested 1 lab for TSH between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate.

1 Urinalysis between 9/9/2013 and 12/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screens

Decision rationale: The requested urinalysis between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends drug testing for patients who are suspected of using illicit drugs or that need to be monitored for medication compliance. The clinical documentation submitted for review does provide evidence that the patient is on medications that would require monitoring. However, Official Disability Guidelines recommend patients who are at low risk for aberrant behavior is monitored on a yearly basis. The clinical documentation submitted for review does indicate that the patient has been tested for medication compliance within the last year with consistent results. The clinical documentation submitted for review does not provide any evidence that the patient has symptoms of withdrawal or overuse, or that there are any behaviors that would support the suspicion of illicit drug use. Therefore, the need for a urinalysis between 09/09/013 and 12/07/2013 is not medically necessary or appropriate.

1 Prescription of Ibuprofen 600mg #100 between 9/9/2013 and 12/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s):.

Decision rationale: The requested prescription for ibuprofen 600 mg #100 between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by functional benefit and a quantitative assessment of symptom relief to support efficacy. The clinical documentation submitted for review does not provide any evidence of functional benefit or symptom relief as a result of this medication. As such, the requested prescription of ibuprofen 600 mg #100 between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate.

1 Prescription of Vesicare 5mg #60 with 3 refills between 9/9/2013 and 2/5/2014: 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.rxlist.com/vesicare-drug/indications-dosage.htm>

Decision rationale: The prescription for Vesicare 5 mg #60 with 3 refills between 09/09/2013 and 02/05/2014 is not medically necessary or appropriate. An online resource, RxList.com, recommends Vesicare for patients with urinary incontinence. The clinical documentation submitted for review does indicate that the patient has a neurogenic bladder. However, the documentation does indicate that the patient has been stable on this medication for an extended duration of time. Therefore, continued use would be indicated. However, the requested additional refills would not allow for re-assessment and re-evaluation of symptoms to determine the efficacy for continued use. Therefore, the requested Vesicare 5 mg #60 with 3 refills between 09/09/2013 and 02/05/2014 is not medically necessary or appropriate.

1 Prescription of Nexius 20mg #30 with 4 refills between 9/9/2013 and 3/7/2014: 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 Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Nexium 20 mg #30 with 4 refills between 09/09/2013 and 03/07/2014 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of a gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does provide evidence that the patient has abdominal pain and has been taking this medication for an extended period of time. Although continuation of this medication may be supported, the requested 4 refills does not allow for timely re-assessment and re-evaluation to determine the efficacy to support continued use. As such, the requested Nexium 20 mg #30 with 4 refills between 09/09/2013 and 03/07/2014 is not medically necessary or appropriate.

1 Prescription of Miralax 17g #60 with 3 refills between 9/9/2013 and 2/5/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested prescription for Miralax 17 g #60 with 3 refills between 09/09/2013 and 02/05/2014 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on opioids and does experience chronic constipation. The California Medical Treatment Utilization Schedule does recommend the use of a prophylactic treatment for constipation for patients receiving opioid therapy. Therefore, the need for this medication is established within the documentation. However, the requested 3 refills does not allow for timely evaluation to determine the efficacy of this medication to support continued use. Therefore, the requested 1 prescription for Miralax 17 g #60 with 3 refills between 09/09/2013 and 02/05/2014 is not medically necessary or appropriate.

1 Prescription of Docusate Sodium 100mg #90 with 4 refills between 9/9/2013 and 3/7/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested 1 prescription of docusate sodium 100 mg #90 with 4 refills between 09/09/2013 and 03/07/2014 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on opioids and does experience chronic constipation. The California Medical Treatment Utilization Schedule does recommend the use of a prophylactic treatment for constipation for patients receiving opioid therapy. Therefore, the need for this medication is established within the documentation. However, the requested 3 refills does not allow for timely evaluation to determine the efficacy of this medication to support continued use. Therefore, the requested 1 prescription for docusate sodium 100 mg #90 with 4 refills between 09/09/2013 and 03/07/2014 is not medically necessary or appropriate.

1 Lab for Hydrocodone between 9/9/2013 and 12/7/2013: 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 Section Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested 1 lab for hydrocodone between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate. An exhaustive search of the California Medical Treatment Utilization Schedule Guidelines, the Official Disability Guidelines, and other peer-reviewed literature did not specifically identify a need for laboratory testing for hydrocodone. Although the clinical documentation does indicate that the patient is on this medication, the need for this test or what is being tested, urine or blood, is not specifically identified within the submitted documentation. Therefore, the necessity of this type of testing cannot be determined. As such, the requested 1 lab for hydrocodone between 09/09/2013 and 12/07/2013 are not medically necessary or appropriate.

1 Lab for Ibuprofen between 9/9/2013 and 12/7/2013: 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 Section Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested 1 lab for ibuprofen between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate. An exhaustive search of the California Medical Treatment Utilization Schedule Guidelines, the Official Disability Guidelines, and other peer-reviewed literature did not specifically identify a need for laboratory testing for ibuprofen. Although the clinical documentation does indicate that the patient is on this medication, the need for this test or what is being tested, urine or blood, is not specifically identified within the submitted documentation. Therefore, the necessity of this type of testing cannot be determined. As such, the requested 1 lab for ibuprofen between 09/09/2013 and 12/07/2013 are not medically necessary or appropriate.

1 Lab for Acetaminophen between 9/9/2013 and 12/7/2013: 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 Section Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested 1 lab for acetaminophen between 09/09/2013 and 12/07/2013 is not medically necessary or appropriate. An exhaustive search of the California Medical Treatment Utilization Schedule Guidelines, the Official Disability Guidelines, and other peer-reviewed literature did not specifically identify a need for laboratory testing for acetaminophen. Although the clinical documentation does indicate that the patient is on this medication, the need for this test or what is being tested, urine or blood, is not specifically identified within the submitted documentation. Therefore, the necessity of this type of testing cannot be determined.

As such, the requested 1 lab for acetaminophen between 09/09/2013 and 12/07/2013 are not medically necessary or appropriate.