MAXIMUS Federal Services

Case Number:	CM13-0056477		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2001
Decision Date:	03/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 injured worker is a 51 year old female with a date of initial reported injury on September 1, 2001. The mechanism of injury is reported to be a cumulative chronic injury sustained from performing her job over time. The patient does report to have a pre-existing neck condition, reportedly from a motor vehicle accident in 1995. Her symptoms since then have mostly resolve (85%) but she does continue to have residual pain, 2/10 pain on the visual analog scale intermittently. The worker carries a diagnosis of chronic low back pain, neck pain, tenosynovitis, epicondylitis, carpal tunnel syndrome, and chronic pain syndrome. The patient has tried physical therapy, pain medications, and chiropractic adjustments. A utilization review determination noncertified the additional urinalysis, TSH, CBC with differential, EIA 9 test, chem. 19, pennsaid 1.5%,naproxen 550mg #60 with 4 refills, Baclofen 10mg #210, and functional rehabilitation program for neck pain based upon a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2.

Decision rationale: In the case of this injured worker, she continues to be treated with ongoing opioid therapy. CA MTUS guidelines do not include urinalysis as a part of ongoing monitoring of chronic opioid treatment management. An urinanalysis was previously performed in 4/2013, and no associated notes during and around this time explain the rationale for this. Furthermore, the most recent progress dated on 11/19/2013 does not specify any urinary abnormalities on review of systems. Therefore, there is no clinical indication and the request for urinalysis is recommended for no certification.

Thyroid stimulating hormone (TSH) test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2.

Decision rationale: In the case of this injured worker, she continues to be treated with ongoing opioid therapy. CA MTUS guidelines do not include TSH as a part of ongoing monitoring of chronic opioid treatment management. The latest progress available for review dated on 11/19/2013 specifies that the patient is suffering from chronic fatigue on review of systems. Chronic fatigue in fact may be a manifestation of hypothyroidism which would require a proper work up which includes a TSH test. However, if the patient has an abnormality with thyroid function, then this is an issue that is not acceptable as part of the original industrial claim. The patient should seek care for workup of thyroid or endocrine issues with the patient's non-worker's compensation insurance. The request for Thyroid stimulating hormone (TSH) test is not certified.

CBC with differential: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2.

Decision rationale: These tests are not necessary. Since the independent medical review process cannot modify request, there is no clinical indication and the request for Chem. 19 is recommended for no certification.

Pennsaid 1.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: In the case of this injured worker, she continues to be treated with Pennsaid 1.5% topical medication. Last progress dated on 11/19/2013 specifies that she uses the medication only on her shoulder and cervical spine. However guidelines indicate little evidence for use on such locations. Furthermore, the use of topical NSAIDs is restricted to 12 weeks per California Medical Treatment and Utilization Schedule. The clinical documentation indicates that the patient has been on this since as early as January 21, 2013. Therefore, there is no clinical indication and the request for Pennsaid 1.5% is recommended for no certification.

EIA 9 test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Ongoing Management Page(s): 78.

Decision rationale: In the case of this injured worker, she continues to be treated with ongoing opioid therapy. CA MTUS guidelines recommend drug screening in ongoing opioid treatment when issues of abuse, addiction, or poor pain control are suspected. Last progress dated on 11/19/2013 specifies that the patient's pain is continuing to be better controlled and that she is "recovering." She is progressing to the point where she has been completely off scheduled morphine and now on Norco as needed. There are no red flags for drug misuse. Therefore, there is no clinical indication and the request for a EIA 9 is recommended for no certification.

Chem. 19 test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2.

Decision rationale: By statute, the independent medical review process prioritizes the guidelines offered in the California Medical Treatment Utilization Schedule as a first priority, followed then by other national guidelines. With regard to ongoing opioid chronic pain treatment guidelines, the CA MTUS. In the case of this injured worker, she continues to be treated with ongoing opioid therapy. It is noted that the request healthcare provider has explained that the rationale for these labs is for monitoring of organ systems, especially the liver and kidney systems. However, the Chem. 19 includes many other labs that are for testing other issues outside of renal and liver monitoring, such as electrolytes.

Naproxen 550mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

Decision rationale: In the case of this injured worker, the last progress dated on 11/19/2013 specifies that she used to use the medication for her "flare ups" for "ten days out of the month." The guidelines give recommendations for oral NSAID use based on treatment of specific musculoskeletal regions and for short time frames ideally. However, longer term use is acceptable provided that side effects are being monitored. Therefore, the request for naproxen 550mg #60 with 4 refills for no certification.

Baclofen 10mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: In the case of this injured worker, last progress dated on 11/19/2013 specifies that she continues to take her Baclofen three times a day but "can probably get off most of it." Per the clinician who wrote that progress note, the patient would no longer need to be on Baclofen therapy based on the patient's condition at that time. At this point, there is no sufficient documentation to show that the patient's condition has changed and that she would continue to need Baclofen. Therefore, there is no clinical indication and the request for Baclofen 10mg #210 is recommended for no certification.

Functional rehabilitation program for neck pain: Upheld

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

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

Decision rationale: In the case of this injured worker, last progress dated on 11/19/2013 specifies that the patient functionally struggles to do household activities, no outside activity, and not able to work. The negative predictors of success have not all been addressed which is a requirement for a functional restoration program. Furthermore, specific baseline functional testing has not been provided which would specify objectively what functional deficits the patient is illustrating. This testing is a requirement by the CA MTUS prior to functional rehabilitation program treatment. Therefore, there is no clinical indication and for functional rehabilitation program for neck pain, recommended is for no certification.