

Case Number:	CM13-0057253		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2012
Decision Date:	06/05/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Neurology has a subspecialty in Neuromuscular 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 46 year old man who sustained a work-related injury on August 27, 2012. Subsequently he developed low back pain. According to the note dated on October 29, 2013, the patient continued to have low back pain radiating to the ankles and lower extremities. The physical examination demonstrated lumbar paraspinal tenderness with reduced range of motion, lumbosacral spasm, positive facet loading test, numbness in the territory of L5-S1 bilaterally. The patient was diagnosed with sacroiliitis, muscle spasm, facet arthropathy, and chronic pain syndrome. The patient was treated with physical therapy, facet injections, epidural steroid injections, activity modification, pain medications and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT INJECTION: 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) ODG Sacroiliac injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Sacroiliac injections.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. The history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that other pain generators have been excluded and failure of aggressive conservative therapies for at least 4 weeks. Therefore, the requested for left sacroiliac injection is not medically necessary.

UA COMPLETE: 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 OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 77-78,94.

Decision rationale: Urine drug screen was requested and approved. There is no need to duplicate the same order.

TSH: 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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: TAYLOR, P. N., ET AL. (2013). "CLINICAL REVIEW: A REVIEW OF THE CLINICAL CONSEQUENCES OF VARIATION IN THYROID FUNCTION WITHIN THE REFERENCE RANGE." J CLIN ENDOCRINOL METAB 98(9): 3562-3571.

Decision rationale: There is no clinical evidence in the patient file suggesting thyroid dysfunction. Therefore testing for thyroid stimulating hormone (TSH) is not medically necessary.

CBC with diff: 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 OTHER MEDICAL TREATMENT GUIDELINE OR

MEDICAL EVIDENCE: WOLVERTON, S. E. AND K. REMLINGER (2007). "SUGGESTED GUIDELINES FOR PATIENT MONITORING: HEPATIC AND HEMATOLOGIC TOXICITY ATTRIBUTABLE TO SYSTEMIC DERMATOLOGIC DRUGS." DERMATOL CLIN 25(2): 195-205, VI-II.

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of CBC with diff testing. CBC with diff can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rational behind ordering this test. Therefore, the request for CBC with diff testing is not medically necessary.

FREE TESTOSTERONE: 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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: <http://www.labtestonline.org/>.

Decision rationale: There is no justification for checking the testosterone level. Therefore, the prescription of Free testosterone is not medically necessary.

EIA 9: 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 OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 77-78,94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. The patient was approved for urine drug screen and EIA9 is a duplication of urine drug screen. Therefore, the request for EIA9 is not medically necessary.

Chem 19: 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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: <http://www.labtestonline.org/> .

Decision rationale: OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: <http://www.labtestonline.org/> .

HYDROCODONE/APAP 7.5/325MG 1-2 PO QD-BID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ONGOING MANAGEMENT OF OPIOIDS Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79.

Decision rationale: According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: < (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>. In this case, there is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Hydrocodone. There is no clear justification for the need to continue the use of hydrocodone. Therefore, the prescription of hydrocodone/APAP 7.5/325mg 1-2 PO QD-BID PRN #120 is not medically necessary at this time.