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| Case Number: | CM13-0066554 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/01/1997 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio. 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 injured worker is a 52 year old female with a history of chronic low back pain with radiating pain to the bilateral lower extremities, s/p lumbar fusion, depression and anxiety related to a work injury on July 10, 1997. She was injured when carrying three gallon containers of water to her office. She has undergone multiple treatment modalities for her chronic pain including injections, two level intradiscal electrothermy (IDET), spinal cord stimulator placement and lumbar fusion. She has also been treated for significant depression and anxiety following her injury. She continues to complain of low back pain with bilateral leg pain. Symptoms are worsened with activity, stair climbing, bending, standing, sitting and lifting. Her most recent office visit note indicates her pain is a 6/10 on average. Her pain interferes with activities. She has been maintained on pain medications which help control her chronic pain. She is currently taking, Ibuprofen, Norco, and Duragesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

TSH (THYROID STIMULATING HORMONE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Association of Clinical Endocrinologists

(AACE) and the American Thyroid Association (ATA), Clinical Practice Guidelines for Hypothyroidism in Adults, 2012 Thyroid and Endocrine Practice.

Decision rationale: The California MTUS Guidelines do not address thyroid-stimulating hormone (TSH). The medical records reviewed did not support an indication for ordering this test. Evidence based guidelines state that the assessment of TSH is warranted in the diagnosis and management of primary thyroid disease and thyroid nodules. The documentation did not state why a TSH was being ordered other than listing this test along with others as "routine labs". Additionally, there was no documentation of conditions or medications that warrant evaluation of thyroid function. For these reasons, a TSH is not medically necessary.

DURAGESIC 50MCG #15 PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Page Fentanyl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California MTUS guidelines recommend continuation of Opioids if the patient has returned to work or if the patient has improved functioning and pain. Guidelines discuss the use of opioids related to chronic back pain. Opioids appear to be efficacious and long-term efficacy is unclear, but appears limited. The records indicated the patient had a history of long-term use of Duragesic without any significant functional improvement. The records did not show any improvement in activities of daily living (ADLs), reduction in work restrictions or significant pain relief as a result of the medication use. For these reasons, the continuation of Duragesic is not medically necessary.

TWELVE (12) AQUATIC THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy ; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternate to land-based physical therapy. It is recommended when reduced weight bearing is desired. Physical Medicine guidelines state that for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks to be appropriate. Additional visits should be based on subjective, objective and functional improvement during the initial course of therapy. For this reason, the 12 visits requested are not medically necessary.

A SERUM QUANTITATIVE HYDROCODONE LAB TEST: 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 Page(s): 78. Decision based on Non-MTUS Citation Clinical Guidelines for the use of chronic opioid therapy in chronic non-cancer pain, Chou, et al Journal of Pain.

Decision rationale: The California MTUS Guidelines or Official Disability Guidelines address serum quantitative Hydrocodone testing. Evidence based guidelines support urine drug monitoring and testing. In this case, a urine test for hydrocodone and urine confirmatory test were performed. The documentation did not support the additional need for a quantitative test. Therefore, the serum quantitative Hydrocodone lab test is not medically necessary.

A SERUM QUANTITATIVE ACETAMINOPHEN LAB TEST: 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 McNeil, Guidelines for Management of Acetaminophen Overdose.

Decision rationale: The California MTUS Guidelines do not address the utilization of serum acetaminophen levels for chronic pain nor does it address the utilization of monitoring serum acetaminophen levels. Guidelines do indicate that the maximum dosage per day is four grams and that toxicity may occur with ingestion of 7.5 to 10 grams. The medical record does not support that the injured worker exceeded the daily maximum or exhibited any signs or symptoms of acetaminophen toxicity. The medical records submitted did not indicate why the laboratory test was being ordered or how it was going to be used in the patient's plan of care. The notes state "routine labs per applicable guidelines", but does not detail what the guidelines are or why the test is being ordered. Medical necessity is not supported by the medical records. Therefore, the acetaminophen lab test is not medically necessary.

A SERUM QUANTITATIVE FENTANYL LAB TEST: 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 Clinical Guidelines for the use of chronic opioid therapy in chronic non-cancer pain, Chou, et al Journal of Pain.

Decision rationale: The California MTUS Guidelines or Official Disability Guidelines address serum quantitative Fentanyl testing. Evidence based guidelines support urine drug monitoring and testing. In this case, a urine test was performed. The documentation did not support the

additional need for a quantitative test. Therefore, the serum quantitative Fentanyl lab test is not medically necessary.

THREE (3) DAY FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 137-138, Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

Decision rationale: The California MTUS guidelines recommend continuation of Opioids if the patient has returned to work or if the patient has improved functioning and pain. Guidelines discuss the use of opioids related to chronic back pain. Opioids appear to be efficacious and long-term efficacy is unclear, but appears limited. The records indicated the patient had a history of long-term use of Duragesic without any significant functional improvement. The records did not show any improvement in activities of daily living (ADLs), reduction in work restrictions or significant pain relief as a result of the medication use. For these reasons, the continuation of Duragesic is not medically necessary.