

Case Number:	CM13-0066654		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2010
Decision Date:	05/22/2014	UR Denial Date:	12/15/2013
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 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 underlying date of injury in this case is 05/08/2010. The date of the initial utilization review in this case is 12/15/2013. An application for an independent medical review in this case reports the primary diagnoses of gastritis, insomnia, headache, anxiety, and seizures. The requested treatment has included Dilantin, Zofran, Protonix, Lorazepam, and also the laboratory studies CBC, CMP, A1C, urinalysis, and Dilantin levels. That application states, "Note is made that the treatment request listed other requests for authorization for this UR decision. Therefore, from the treatment request identified in the supplemental documentation provided by the physician, an effort to facilitate potentially necessary treatment, we have reviewed all treatment requests." The qualified medical examiner report of 08/14/2012 discussed diagnoses of a musculoligamentous strain of the cervical, thoracic, and lumbar spine as well as carpal tunnel syndrome versus cervical radiculopathy of the right upper extremity and a musculoligamentous sprain/strain of the right shoulder, positive Waddell testing, as well as depression due to alleged sexual harassment, and also pain-induced sleep disturbance. The report indicates that prior electrodiagnostic studies were within normal limits. Although the application for independent medical review references a utilization review date of decision of 12/15/2013, the corresponding utilization review with reference to these clinical issues is dated 12/16/2013. That utilization review references a medical report of 12/02/2013, which is a brief check-off list without detailed current subjective complaints or objective findings or medical reasoning to substantiate the treatment requested. That review concludes that the treatment requested is not supported by the treatment guidelines. A request for authorization of 12/02/2013 and the medical report of 12/02/2013 contain limited clinical information and do not clearly provide a rationale for any of the requested treatment items.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILANTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs. Decision based on Non-MTUS Citation ODG Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. Dilantin is a seizure medication which can also be used on some occasions for neuropathic pain. The specific indication or rationale in this case is not apparent. This request is not medically necessary.

ZOFRAN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pages 68-69, NSAIDs, (GI) Gastrointestinal symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. Zofran is used for nausea, typically in an oncology or postoperative setting. It is unclear from the medical records in this case what the rationale for this medication may be in this particular case. There is not medically necessary.

PROTONIX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pages 68-69, NSAIDs, (GI) Gastrointestinal symptoms & cardiovascular risk Page(.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. Protonix is a proton pump inhibitor which is used for gastrointestinal prophylaxis or treatment of an ulcer. The medical records are unclear in terms of the patient's specific gastrointestinal symptoms or the rationale for Protonix or its effectiveness. This request is not medically necessary.

LORAZEPAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21,Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. Lorazepam is a benzodiazepine. This medication is specifically discussed in the Medical Treatment Utilization Schedule section on benzodiazepines, page 24, which indicates that this class of medications is not recommended for long-term use. The records do not provide an alternative rationale or indication for this medication. This request is not medically necessary.

A CBC TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation standard textbooks of medicine (e.g. Harrison, Washington Manual of Medical Therapeutics).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. A CBC test is a complete blood count. This can be indicated at times for monitoring side effects of medications or for diagnosing anemia or many other medical conditions. The medical records do not clarify what the rationale for the request is in this particular case. This request is not medically necessary.

A CMP TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation standard textbooks of medicine (e.g. Harrison, Washington Manual of Medical Therapeutics).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. The term "CMP" is not defined in the medical records. This appears to refer to a comprehensive metabolic panel, which can be used in the diagnosis of multiple medical conditions. The records are very limited in terms of the rationale for this testing in this particular case. This request is not medically necessary.

AN A1C TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation standard textbooks of medicine (e.g. Harrison, Washington Manual of Medical Therapeutics).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. An A1C test is used to monitor the status of diabetes. The records in this case do not document the status of diabetes in this case or why this test is being desired or what past testing for diabetes may have been performed. At this time this request is not medically necessary.

A URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Criteria for use of Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. Urinalysis may be performed for a variety of reasons including drug testing, assessment for urine infection, and assessing for metabolic diseases. The records do not contain a rationale as to why this testing has been requested in this case. This request is not medically necessary.

DILANTIN LEVELS TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation standard textbooks of medicine (e.g. Harrison, Washington Manual of Medical Therapeutics).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2, General Approach to Initial Assessment and Documentation, discusses that the occupational health practitioner should clearly document a history and physical examination and should include understanding and

documentation of the patient's disabling medical condition. The medical records submitted in this case do not contain such details to support a rationale for either diagnostic testing or therapeutic intervention as the records do not clearly support any particular diagnosis or clinical reasoning to explain a history, physical examination, treatment plan, and a method to follow the results of diagnostic testing and therapeutic treatment. Therefore, this treatment is not necessary. A Dilantin level is recommended in order to monitor the appropriate dosing of Dilantin when the underlying medication is indicated. In this case, the rationale for treating this patient with Dilantin is not apparent from the available records. Accordingly, the Dilantin level is not medically necessary.