MAXIMUS Federal Services

Case Number:	CM14-0100124		
Date Assigned:	07/28/2014	Date of Injury:	04/15/2002
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal 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 injured worker is a 66 year old female who was injured on 04/15/02. Mechanism of injury was not documented. Current diagnoses include failed back surgery lumbar syndrome, failed back surgery cervical syndrome, muscle spasms, chronic opioid analgesic treatment, chronic pain syndrome, thoracic and lumbosacral radiculopathy, S/P anterior cervical discectomy C4-5, C5-6 and C6-7 (08/06/03), S/P laminectomy L4-5 (11/15/11). Other treatments included caudal epidural steroid injections, physical therapy and pain medications. Clinical note dated 07/08/14 indicated injured worker complains of persistent back pain, moderate to severe in intensity, located in the neck, lower back, gluteal areas, legs and thighs, radiating to the left ankle, left calf, left foot, left thigh, wrists and hands. Symptoms are aggravated by daily activities, lifting, rolling over in bed, standing and twisting, and relieved by heat, ice, massage, pain meds, and rest. Pain score was rated as 9/10 without medications, and 5/10 with medication. Physical examination revealed antalgic gait, mild spasm in the lumbar area, positive leg raise on the left leg, lumbar spine range of motion : lateral flexion 20 degrees, right and left; extension 15 degrees and flexion 80 degrees. Clinical documentation indicated electromyography/nerve conduction studies were performed and demonstrated a focal neuropathy of the median nerve at the wrists consistent with moderate case of right carpal tunnel syndrome and a mild case of left carpal tunnel syndrome. Clinical documentation dated 07/31/14 indicated the injured worker complains of numbness in both hands that occurs during the day and wakes her up at night. Physical examination revealed positive Tinel's sign over the carpal tunnels and a positive Phalen's test bilaterally. There was also tenderness over the left first wrist compartment with a positive Finkelstein's test. Assessments include bilateral carpal tunnel syndrome and new onset left deQuervain's tenosynovitis. Plan of management include endoscopic carpal tunnel release on the right. Preoperative blood and urine tests were done on 08/04/14. The previous request for

comprehensive metabolic panel, complete urinalysis, urine drug screen, TSH level, serum hydrocodone & metabolite were non-certified, and request for Oxycodone HCL 30 mg #60 was certified with modification on 06/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel (CMP, Chem 19) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs 07/18/2009 Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: As per the Official Disability Guidelines, routine CBC preoperatively is indicated for injured workers who are at increased risk of anemia or in anticipation of significant perioperative blood loss. Clinical indication does not indicate the injured worker has anemia, and the procedure carpal tunnel release does not put the injured worker at risk for excessive blood loss. Comprehensive metabolic panel includes hepatic and renal function tests. There is no indication in the clinical documentation that the injured worker has any underlying chronic hepatic or renal disease that would require preoperative CMP test. As such, the request for comprehensive metabolic panel is not recommended as medically necessary.

Urinalysis, Complete Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information January 22, 2013 http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004046.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative laboratory testing, in general.

Decision rationale: As per the Official Disability Guidelines, preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. The injured worker will undergo carpal tunnel release procedure. In addition, there is no indication in the clinical documentation that the injured worker has urinary symptoms or has prior issues with recurrent urine infection to warrant a routine urinalysis prior to the procedure. As such, the request for routine urinalysis is not recommended as medically necessary.

Acetaminophen Level Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) :Chronic Pain Medications, Acetaminophen.

Decision rationale: Acetaminophen is recommended for treatment of acute pain, chronic pain & acute exacerbations of chronic pain. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 6 hours with a FDA-approved maximum of 4 g/day. There is no indication in the clinical documentation if acetaminophen overdosing is suspected in this injured worker. The indication for requesting acetaminophen level was not given. As such, the request for testing acetaminophen level is not recommended as medically necessary.

Oxycodone HCL 30mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day. The injured worker's current MED is 135 morphine equivalent dosage/day. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, this request is not recommended as medically necessary at this time.

Urine Drug Screen, Qualitative, EIA 9 W/GCMS 4 Fentanyl/Meperidine Qty: 1.0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) :Chronic Pain, Urine drug testing.

Decision rationale: As per the Official Disability Guidance, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Since there is no recent drug screen submitted for review, urine drug testing, qualitative, is recommended as medically necessary.

TSH Level Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: Clinical documentation does not indicate the injured worker has problem with her thyroid gland or is currently on any thyroid medication to warrant routine monitoring of her thyroid hormones. The injured worker had a normal TSH level in 11/13. As the indication for routine testing is not, the request for TSH level is not recommended as medically necessary.

Hydrocodone & Metabolite, Serum Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic PainOpioids, Opioids, dealing with misuse & addiction (plus aberrant behaviors & abuse.

Decision rationale: There is no clear indication in the documentation why serum hydrocodone and metabolite is requested as a preoperative testing. However, if the injured worker is suspected of having aberrant behaviors these concerns should be addressed immediately. Clinical documentation dated 0708/15 indicated that injured worker is on hydrocodone/APAP 10/325 mg QID which has a morphine equivalent dosage of 40 per day. As such, the request is not medically necessary.