

Case Number:	CM14-0104277		
Date Assigned:	08/08/2014	Date of Injury:	04/23/2003
Decision Date:	09/26/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 70 year old male who had a work related injury on 04/23/03. The mechanism of injury was not documented. The progress note dated 06/16/14 the injured worker complained of back pain, which was moderate and stable but occurred persistently. He described low back pain and leg pain radiating to both feet. The pain is described as burning, discomforting, sharp, shooting, pain, aggravated with standing. There is relief with exercises, medication, rest, and sitting. He reported his pain 2/10. He noted that with medication he was able to work and have social activity, without able to do simple chores and minimal activities. Physical examination was unremarkable. His diagnosis was back pain, chronic pain lumbar post-laminectomy syndrome, low back pain, myositis, neck pain, degenerative joint disease involving multiple joints, thoracic radiculitis, sciatica, reduced libido, heartburn, pain in limb scoliosis and idiopathic peripheral neuropathy. The urine drug screen (UDS) date 4/8/14 was consistent. The prior utilization review on 07/01/14 denied urine drug screen, CBC with differential Chem19 EIA9 with GCMS 4/Fentanyl/Meperidine, Urinalysis Testosterone, free TSH, hydrocodone metabolite serum methadone quantity GCMS serum, prescription for Neurontin 600mg #120 with three refills was modified to #120 with no refills. Prescription for Norco 5/325 #120 refills was modified to #120 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Frequent random Urine Toxicology screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The injured worker had a drug screen on 04/08/2014. There is no clinical indication to repeat the drug screen so soon. Therefore, Urine Drug Screen is not medically necessary.

CBC (Complete blood Count)- Includes Differential and Platelets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of acute low back pain Michigan Quality Improvement Consortium;2012 sep 1 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2012 Current Medical Diagnosis and Treatment pages 1661-1669.

Decision rationale: The injured worker did not exhibit symptoms for CBC testing at this time. The clinical documentation submitted, there is no rationale for the test. Therefore, CBC (Complete Blood Count)- Includes Differential and Platelets 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 2012 Current Medical Diagnosis and Treatment pages 1661-1669.

Decision rationale: There are no guidelines to support the Chem 19 testing for chronic low back pain. Therefore, medical necessity has not been established.

EIA 9 w/GCMS 4/Fentanyl/Meperidine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic non-terminal pain pg. 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug test Page(s): 43.

Decision rationale: The injured worker had a drug screen on 04/08/2014. Therefore the request for EIA 9 w/GCMS 4/Fentanyl/Meperdine is not medically necessary.

Urinalysis Complete: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug test Page(s): 43.

Decision rationale: The clinical information submitted for review, reported that the injured worker had a urine drug screen on 04/08/2014. There is no indication for a re-test, the request for Urinalysis Complete is not medically necessary.

Testosterone Free, LC/MS/MS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The clinical information submitted for review does not support the request. There is no clinical evidence that the injured worker has signs of hypogonadism or gynecomastia. Therefore, Testosterone Free, LC/MS/MS is not medically necessary.

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 2012 Current Medical Diagnosis and Treatment pages 1661-1669.

Decision rationale: The clinical documentation submitted for review does not support the request. In the absence of clinical relevant symptoms for chronic pain, medical necessity has not been established. Therefore, the request for TSH is not medically necessary.

Hydrocodone and Metabolite, Serum: 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 Drug test Page(s): 43.

Decision rationale: The injured worker had a drug screen on 04/08/2014. There is no indication for a re-test. Therefore the request for Hydrocodone and Metabolite, Serum is not medically necessary.

Neurontin 600mg #120 with (3) Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin is not medically necessary.

Norco 5/325mg #120 with (3) Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients 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. Documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, Norco 5/325mg #120 with (3) Refills is not medically necessary.

Methadone Quant GCMS, Serum: 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 Drug test Page(s): 43.

Decision rationale: The injured worker had a drug screen on 04/08/2014. There is no indication for a re-test. Therefore the request for Methadone Quant GCMS, Serum is not medically necessary.