

Case Number:	CM14-0013132		
Date Assigned:	02/24/2014	Date of Injury:	01/07/2009
Decision Date:	07/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 male with a 1/7/09 date of injury. Most recently on 1/21/14, the patient described worsening low back pain. A psych AME (Agreed Medical Examination); FRP (Functional Restoration Program) referral; EMG (Electromyography) of the lower extremities; and left piriformis TPI (Trigger Point Injection) were requested. 12/20/13 note described moderate back pain, worsening with radiation to bilateral ankles, feet, calves, and ties. Medications listed included Lidoderm, Gabapentin, Diazepam, Keto+ Topical, Nitroglycerin, Omeprazole, Testosterone, Aspirin, Losartan, Metformin, Fenofibrate, Amitriptyline, Albuterol, Cetirizine, and Effexor. VAS (Visual Analog Scale) scores without medications were 8/10 and with medications 6/10. Laboratory studies were requested. The patient has tapered off opioids, however FRP (Functional Restoration Program) could not be initiated until the patient obtained treatment by psychologist. 12/20/13 urine drug screen was positive for benzodiazepines, oxycodone, and tricyclic antidepressant. The patient is also being treatment for heart disease and hypertension. He had an acute inferior wall infarct in May of 2010. A lipid panel was requested on 7/11/13. 6/17/13 FRP evaluation described the patient's prior treatment, and progressive functional limitations. Medications offer 25-50% pain relief and the patient is very frustrated with his quality of life. 6 sessions of psychotherapy prior to considering a program was recommended. 7/7/12 Laboratory results were referenced. Treatment to date has included physical therapy, activity modification, right Achilles surgery (2011), L4-5 laminectomy and decompression, 5 knee surgeries, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab test: Serum Diazepam: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for serum diazepam laboratory testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing, including serum diazepam. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request for Lab test: Serum Diazepam is not medically necessary and appropriate.

Lab test: CBC (Complete Blood Count) with differential: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific drug list & adverse effects, Routine Suggested Monitoring Page(s): 70.

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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for CBC with differential obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing. There is no documented suspicion of infection/inflammatory process, requiring CBC with differential. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request is for Lab test: CBC (Complete Blood Count) with differential is not medically necessary and appropriate.

Lab test: Serum Gabapentin: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for serum Gabapentin laboratory testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing, including serum Gabapentin. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request for Lab test: Serum Gabapentin is not medically necessary and appropriate.

Lab test: Serum Acetaminophen: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for serum acetaminophen laboratory testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing, including serum acetaminophen. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request for Lab test: Serum Acetaminophen is not medically necessary and appropriate.

Lab test: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for Chem19 laboratory testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing, including Chem 19. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request for Lab test: Chem 19 is not medically necessary and appropriate.

Lab test: Serum Aspirin: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for serum aspirin laboratory testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing, including serum aspirin. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request for Lab test: Serum Aspirin is not medically necessary and appropriate.

Lab test: EIA 9: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for EIA9 laboratory testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing, including EIA9. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request for Lab test: EIA 9 is not medically necessary and appropriate.

Lab test: Serum Oxycodone: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for serum Oxycodone laboratory testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing, including serum Oxycodone. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request for Lab test: Serum Oxycodone is not medically necessary and appropriate.

Lab test: Free Testosterone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for free testosterone laboratory testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication

toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. This has not been addressed, and the request is not substantiated. The patient undergoes urine drug screen, and multiple progress notes described requests for laboratory testing, including free testosterone. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Request for Lab test: Free Testosterone is not medically necessary and appropriate.

Lab test: Urine Analysis Complete: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: Medical necessity for the requested urine analysis is not established. Clinical practice support urine analysis in order to assess for kidney function, drug toxicity, and other conditions. However, there is lack of documentation describing the clinical relevance of requested testing. There is no discussion of frequency of urine analysis or any issues with the kidneys from medication use or other conditions. There are no clinical findings suggesting the need for a urine analysis. The request for Lab test: Urine Analysis Complete is not medically necessary and appropriate.

Lab test: 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: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: The request for TSH testing obtained an adverse determination, as it was not entirely clear why the listed laboratory tests were medically necessary for treating ankle, heart, or back injuries. There was no discussion of medication toxicity. Although guidelines would support laboratory testing in order to assess for compliance and medication toxicity, there should be supporting medical documentation, describing the clinical relevance of requested testing. Frequency of laboratory testing has not been discussed, and laboratory reports have not been provided. Clinical significance of TSH testing was not discussed. Request for Lab test: TSH is not medically necessary and appropriate.

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm Patches.

Decision rationale: Medical necessity for the requested Lidoderm patch was not established due to lack of guideline compliance. CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or norepinephrine reuptake inhibitor-SNRI antidepressants or an AED (Antiepileptic Drugs) such as gabapentin or Lyrica). There remains no documentation of failed first line treatments and the request for Lidoderm patches 5% #30 is not medically necessary and appropriate.

Diazepam 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Medical necessity for the requested benzodiazepine is not established. CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Due to exceeding duration of treatment, as recommended by guideline criteria, the request for Diazepam 5mg #30 is not medically necessary and appropriate.

MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus, web base, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations and ODG, Work Loss Data Institute's Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter) MRI.

Decision rationale: Medical necessity for the requested lumbar MRI is not established. CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film

radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. There remains no documentation of progressive neurological deficits, requiring additional imaging. The request for MRI of lumbar spine without contrast is not medically necessary and appropriate.

Urine Drug Screen (collected 12/20/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Testing Page(s): 43, 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and steps to avoid misuse/addiction Page(s): 78,43.

Decision rationale: Medical necessity for the requested urine drug screen performed on 12/20/13 is not established. CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There is no discussion of frequency of UDS screens, no suspected diversion, or aberrant behavior. The request for Urine Drug Screen (collected 12/20/2013) is not medically necessary and appropriate.