MAXIMUS Federal Services

Case Number:	CM14-0112016		
Date Assigned:	08/11/2014	Date of Injury:	03/19/2001
Decision Date:	10/06/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family 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:

This case involves a 47-year-old male who has submitted a claim for thoracic / lumbosacral neuritis / radiculitis, lumbar intervertebral disc displacement, lumbar post laminectomy syndrome, and insomnia associated with an industrial injury date of 03/19/2001. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities, described as constant, sharp, stabbing, numbing, and tingling. Pain was rated 9/10 in severity. Aggravating factors included bending, prolonged sitting and standing. Intake of medications provided symptom relief and functional benefit. He denied any adverse effects. Patient likewise reported insomnia. Physical examination showed tenderness of paralumbar muscles. Straight leg raise was positive. Patellar reflexes were 1+ on the right, and 3+ on the left. Achilles reflexes were trace bilaterally. Motor strength of quadriceps and hamstrings was graded 5/5 on the left, and 4/5 on the right. The provider requested for a 3D reconstruction CT of the lumbar spine due to failed back syndrome. Current treatment plan includes intrathecal pain pump trial due to failed stimulator trial previously. There was likewise request for laboratory testing of D2, D3, B12, Dhea, and magnesium for vitamin deficiency secondary to chronic pain and long-term medication use. Urine drug screen from 03/17/2014 was consistent with prescribed medications. Treatment to date has included L5-S1 lumbar fusion and laminectomy, spinal cord stimulator, and medications such as Lunesta, Norco, Oxycontin, and Zanaflex (all since 2013). Lunesta allowed him to fall asleep faster and sleep longer. Utilization review from 07/07/2014 denied the requests for lab D2, D3, B12, Dhea, magnesium, testosterone PSA free and total because of no documentation of possible signs and symptoms of deficiency to warrant such; denied Lunesta 3mg, #30 because of no documented objective functional benefit; denied Oxycontin 40mg, #60 and Norco 10/325 mg #150 because of no identifiable measurable analgesic effects from medication use; denied Zanaflex 4mg #90 because of no documentation of

significant functional benefit; and denied CT scan of lumbar spine because of insufficient subjective and objective findings that would support additional imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D reconstruction CT scan Lumbar Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, CT (computed tomography) X Other Medical Treatment Guideline or Medical Evidence: 2D/3D Reconstruction of a Scaled Lumbar Vertebral Model From A Single Fluoroscopic Image (Conf Proc IEEE Eng Med Biol Soc. 2010;2010:4395-8. doi: 10.1109/IEMBS.2010.5627136)

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. Official Disability Guidelines (ODG) recommends CT scan for lumbar spine trauma, presence of neurologic deficit, seat belt fracture, myelopathy, infectious disease, and when evaluating successful spine fusion if plain x-rays do not confirm it. Image software postprocessing capabilities of CT, including multiplanar reconstructions and 3-dimensional display (3D), further enhance the value of CT imaging for reconstructive trauma surgeons. An article entitled, "2D/3D Reconstruction of a Scaled Lumbar Vertebral Model from a Single Fluoroscopic Image" states that 3D models of lumbar vertebrae can enable image-based 3D kinematic analysis. However, these have the disadvantages that they are time-consuming and/or induce high-radiation doses to the patient. In this case, patient underwent L5-S1 lumbar fusion and laminectomy and subsequent spinal cord stimulator. The provider requested for a 3D reconstruction CT of the lumbar spine due to failed back syndrome. Patient complained of persistent low back pain radiating to bilateral lower extremities, rated 9/10 in severity. Physical examination showed positive straight leg raise. Patellar reflexes were 1+ on the right, and 3+ on the left. Achilles reflexes were trace bilaterally. Motor strength of quadriceps and hamstrings was graded 5/5 on the left, and 4/5 on the right. CT scan of the lumbar spine is a reasonable diagnostic option at this time; however, there is no clear indication for 3D reconstruction. The medical necessity cannot be established due to insufficient information. Therefore, the request for 3D reconstruction CT scan Lumbar Spine is not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Zanaflex since 2013. Patient reported significant improvement from medication use. However, the most recent physical examination failed to show evidence of muscle spasm. Long-term use is likewise not recommended. Therefore, the request for Zanaflex 4mg #90 is not medically necessary.

Norco 10/325 mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2013. Intake of medications provided symptom relief and functional benefit. He denied any adverse effects. Urine drug screen from 03/17/2014 was consistent with prescribed medications. Guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 10/325 mg #150 is medically necessary.

Oxycontin 40mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycontin since 2013. Intake of medications provided symptom relief and functional benefit. He denied any adverse effects. Urine drug screen from 03/17/2014 was consistent with prescribed medications. Guideline criteria for continuing opioid

management have been met. Therefore, the request for Oxycontin 40mg #60 is medically necessary.

Lunesta 3mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia treatment.

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

Decision rationale: CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist Food and Drug Administration (FDA) approved for use longer than 35 days. In this case, patient complained of insomnia and was prescribed Lunesta since 2013. He reported sleep improvement, as he was able to fall asleep faster and sleep longer. Therefore, the request for Lunesta 3MG #30 is medically necessary.

Blood Tests D2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Cholecalciferol

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: Vitamin D Tests, American Association of Clinical Chemistry (http://labtestsonline.org/understanding/analytes/vitamin-d/tab/test/)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Association of Clinical Chemistry was used instead. A vitamin D test is used to determine if bone weakness, bone malformation, or abnormal metabolism of calcium is occurring as a result of a deficiency or excess of vitamin D. It also helps to diagnose disorders of parathyroid gland, cystic fibrosis, Crohn disease, and gastric bypass surgery. It likewise determines the effectiveness of treatment when vitamin D, calcium, phosphorus, and/or magnesium supplementation is prescribed. In this case, lab D2 level was requested to assess vitamin deficiency secondary to chronic pain and long-term medication use. However, there were no signs and symptoms presented that may suspect such disorder. The

aforementioned conditions with intermediate risk for vitamin D2 deficiency were not present in this case. Therefore, the request for blood test D2 is not medically necessary.

Blood Tests D3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Cholecalciferol

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: Vitamin D Tests, American Association of Clinical Chemistry (http://labtestsonline.org/understanding/analytes/vitamin-d/tab/test/)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Association of Clinical Chemistry was used instead. A vitamin D test is used to determine if bone weakness, bone malformation, or abnormal metabolism of calcium is occurring as a result of a deficiency or excess of vitamin D. It also helps to diagnose disorders of parathyroid gland, cystic fibrosis, Crohn disease, and gastric bypass surgery. It likewise determines the effectiveness of treatment when vitamin D, calcium, phosphorus, and/or magnesium supplementation is prescribed. In this case, lab D3 level was requested to assess vitamin deficiency secondary to chronic pain and long-term medication use. However, there were no signs and symptoms presented that may suspect such disorder. The aforementioned conditions with intermediate risk for vitamin D3 deficiency were not present in this case. Therefore, the request for blood test D3 is not medically necessary.

Blood Tests B12: 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: Vitamin B12 Tests, American Association of Clinical Chemistry (http://labtestsonline.org/understanding/analytes/vitamin-B12/tab/test/)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Association of Clinical Chemistry was used instead. B12 levels may be ordered when a CBC indicates presence of large RBCs. Testing for B12 and folate may be appropriate when a person exhibits a sudden or unexplained mental or behavioral change, dizziness, weakness, fatigue, sore mouth, tingling, burning, or numbness. Testing may also be ordered as part of a general health evaluation when a person shows signs of or has history of malnutrition or malabsorption. In this case, lab B12 level was requested to assess vitamin deficiency secondary to chronic pain and long-term medication use. However, there were no

signs and symptoms presented that may suspect such disorder. The aforementioned conditions with intermediate risk for vitamin B12 deficiency were not present in this case. Therefore, the request for blood test B12 is not medically necessary.

Blood Tests DHEA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://labtestsonline.org/understanding/analytes/Dhea

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: Dehydroepiandrosterone Sulfate Test, American Association of Clinical Chemistry (http://labtestsonline.org/understanding/analytes/DHEAS/tab/test/)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Association of Clinical Chemistry was used instead. A test for dehydroepiandrosterone sulfate (DHEAS) is ordered along with tests for testosterone and several other male androgens to: evaluate adrenal gland function, distinguish DHEAS-secreting conditions caused by the adrenal glands originating from the testicles, and diagnose adult-onset adrenal hyperplasia. In this case, lab DHEA level was requested to assess vitamin deficiency secondary to chronic pain and long-term medication use. The aforementioned conditions with intermediate risk for DHEA deficiency were not present in this case. Therefore, the request for blood test DHEA is not medically necessary.

Blood Tests Magnesium.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://labtestsonline.org/understanding/analytes/magnesium

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: Magnesium Tests, American Association of Clinical Chemistry (http://labtestsonline.org/understanding/analytes/magnesium/tab/test/)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Association of Clinical Chemistry was used instead. Low blood levels of magnesium may indicate that a person is not consuming or absorbing enough magnesium or is excreting too much. Deficiencies are typically seen with: low dietary intake, gastrointestinal disorders, uncontrolled diabetes, hypoparathyroidism, long-term diuretic use, prolonged diarrhea, post-surgery, and severe burns. In this case, lab magnesium level was requested to assess vitamin deficiency secondary to chronic pain and long-term medication use. However, there were no signs and symptoms presented that may suspect such disorder. The

aforementioned conditions with intermediate risk for magnesium deficiency were not present in this case. Therefore, the request for blood test magnesium is not medically necessary.

Blood Tests Testosterone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Testosterone replacement for hypogonadism

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: Vitamin D Tests, American Association of Clinical Chemistry (http://labtestsonline.org/understanding/analytes/testosterone/tab/test/)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American Association of Clinical Chemistry was used instead. There is no currently consensus about when the PSA test should be ordered to screen asymptomatic males. If prostate cancer is diagnosed, the total PSA test may be used as a monitoring tool to help determine the effectiveness of treatment. For men who wish to be screened, the ACS recommends that healthy men of average risk consider waiting to get tested until age 50. In this case, patient is a 47-year-old male without history of prostate disorder. There were no signs and symptoms presented that may suspect such disorder. The medical necessity cannot be established due to insufficient information. Therefore, the request for blood tests free and total PSA levels is not medically necessary.

Blood Tests Free and total PSA levels.: 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: Vitamin D Tests, American Association of Clinical Chemistry (http://labtestsonline.org/understanding/analytes/psa/tab/test/)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American Association of Clinical Chemistry was used instead. There is no currently consensus about when the PSA test should be ordered to screen asymptomatic males. If prostate cancer is diagnosed, the total PSA test may be used as a monitoring tool to help determine the effectiveness of treatment. For men who wish to be screened, the ACS recommends that healthy men of average risk consider waiting to get tested until age 50. In this case, patient is a 47-year-old male without history of prostate disorder. There were no signs and symptoms presented that may suspect such disorder. The medical necessity

cannot be established due to insufficient information. Therefore, the request for Blood Tests Free and total PSA levels is not medically necessary.