

Case Number:	CM14-0119481		
Date Assigned:	08/06/2014	Date of Injury:	02/03/2011
Decision Date:	09/11/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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:

This is a patient with a date of injury of 2/3/11. A utilization review determination dated 7/9/14 recommends non-certification of 2 TENS patch pairs and tramadol. A request for CBC, CMP, H. pylori, guiac x 3, liver, and kidney was modified to certify an H. pylori test only. 6/23/14 medical report identifies chronic low back pain. Continued constipation has improved with use of Promolaxin. She denies vomiting but does still have some heartburn. Zantac helpful. She did not tolerate omeprazole as it was causing her to feel "numbness" in her hands. Tramadol helpful to temporarily relieve her pain. She has been using gel and TENS unit. On exam, LS flexion is 40% and there is tenderness. Treatment plan includes tramadol, LidoPro, TENS patches, docuprene, Zantac, and eval for H. pylori. CBC, CMP, standard liver and kidney labs were requested as the patient "does not have FP (just OBGYN)."

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC, CMP, H-Pylori, guaiac X3 liver, kidney qty 1: Upheld

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

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: <http://labtestsonline.org/understanding/analytes/cbc/tab/test>,

<http://labtestsonline.org/understanding/analytes/cmp/tab/test>,
<http://labtestsonline.org/understanding/analytes/h-pylori/tab/test>,
<http://labtestsonline.org/understanding/analytes/fecal-occult-blood/tab/test>,
<http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>,
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

Decision rationale: Regarding the request for CBC, CMP, H-Pylori, guaiac X3 liver, kidney, California MTUS and ODG do not address the issue. These tests are utilized for the evaluation and management of a multitude of conditions including, but not limited to, various types of infections, anemia, bleeding disorders, diabetes, liver and kidney diseases, and screening for colon cancer. Within the documentation available for review, there is no clear rationale provided identifying the medical necessity of the proposed testing. The patient has a longstanding injury, but the documentation does not identify the date and results of any prior testing that may have been performed. With the exception of H. pylori testing, there is no clear indication of any significant red flags, risk factors, the need to monitor some form of treatment or disease progress, or another reason for the testing. With regard to H. pylori testing, there may be an indication for this test given the patient's dyspepsia and the previous utilization reviewer modified the request to certify this testing for that reason; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested CBC, CMP, H-Pylori, guaiac X3 liver, kidney is not medically necessary.

Tramadol/ APAP 37.5/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 OF 127.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.

TENS Patch pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 OF 127.

Decision rationale: Regarding the request for TENS patches, Chronic Pain Medical Treatment Guidelines support ongoing use if there is pain relief, functional improvement, and decreased medication use from prior treatment with TENS. Within the documentation available for review, there is no indication of any significant pain relief, functional improvement, and decreased medication use from prior TENS use to support additional supplies. In the absence of such documentation, the currently requested TENS patches are not medically necessary.