

Case Number:	CM14-0157001		
Date Assigned:	09/29/2014	Date of Injury:	07/26/2001
Decision Date:	11/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Interventional Spine 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 56-year-old male with a date of injury of 07/26/2001. The listed diagnoses per [REDACTED] are: 1. Myalgia. 2. Chronic pain due to injury. 3. Lumbosacral spondylosis without myelopathy. 4. Lumbar disk degeneration. 5. Stenosis of lumbar spine. 6. Low back pain. 7. Lumbar radiculopathy. 8. Muscle weakness. According to progress report 08/27/2014, the patient presents with complaints of persistent low back and neck pain. Examination of the lumbar spine revealed decreased range of motion and straight leg raise on the right produced leg pain below the knee at 90 degrees. Examination of the neck states, "Inspection - normal." Patient's current medication regimen includes Voltaren, Cymbalta, Gemfibrozil, Glimepiride, Norco, Combivent, Lisinopril, Lovastatin, Methadone, Nitrostat, Janumet and Diovan. The patient's Morphine equivalent is 160.00. The provider has requested an MRI of the lumbar spine with dye, MRI of the neck spine with dye, and lab tests. Utilization review denied the request for MRI of the neck and lab testings on 09/09/2014. Treatment reports from 1/20/14-8/27/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Neck Spine with Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Back Chapter, MRI

Decision rationale: This patient presents with complaints of persistent low back and neck pain. The provider is requesting an MRI of the neck spine with dye. ODG Guidelines, under its Neck & Upper Back section, recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. In addition, the provider does not provide examination of the neck and does not describe any neurological deficits to warrant an MRI. No radicular symptoms are described to be concerned about nerve root lesions either. Request is not medical necessary.

One (1) prospective request for Laboratory Test: Acetaminophen: 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 Urine Drug Screens Page(s): pg 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screening

Decision rationale: This patient presents with complaints of persistent low back and neck pain. The provider is requesting laboratory test for Acetaminophen. While MTUS Guideline page 43 regarding Urine Drug Screens does not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG guidelines under its pain chapter, discusses Urine Drug Screen and states that once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients is recommended. In this case, the provider is requesting multiple lab tests, including an EIA9 lab, which includes screening for drugs. It is unclear why a separate Acetaminophen laboratory test is being requested. In any case, the requested EIA9 lab test has been approved; therefore, further testing for Acetaminophen is not supported. Request is not medically necessary.

One (1) Prospective request for Laboratory Test: CBC (includes diff/PLT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS page 70:NSAIDs, Specific Drug List & Adverse Effe.

Decision rationale: This patient presents with complaints of persistent low back and neck pain. The provider is requesting CBC including Diff/PLT. The MTUS, ACOEM, and ODG Guidelines

do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. This patient has been administered random urine drug screens to monitor compliance of medication intake but there is no indication of recent lab work. Given the chronicity of opiate and NSAID use, a CBC lab test including differential and platelet is appropriate at this time. Request is medically necessary.

One (1) Prospective request for Laboratory Test: Chem 19: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: This patient presents with complaints of persistent low back and neck pain. The provider is requesting CHEM-19 laboratory testing. Chem 19 laboratory test includes basic metabolic panel, comprehensive metabolic panel, electrolyte, lipid profile, liver and renal panel and thyroid function panel. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. In this case, given the chronicity of opiate and NSAID use, a Chem 19 laboratory test is appropriate and medically necessary.

One (1) Prospective request for Laboratory Test: E1A9: Overturned

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 Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screening.

Decision rationale: This patient presents with complaints of persistent low back and neck pain. The provider is requesting laboratory test E1A9 with alcohol and rflx urine. While MTUS Guideline page 43 does not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG guidelines under its pain chapter discussion Urine Drug Screen and states that once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients is recommended. In this case, the provider progress reports indicate that random urine drugs are performed. The most recent UDS provided for review is from 2013. Given that the patient has not had an UDS this year and the patient is taking Norco and Methadone, an E1A9 lab test is reasonable and medically necessary.

One (1) Prospective request for Laboratory Test: TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Thyroid function tests: diagnoses and monitoring of thyroid function disorders in adults. Victoria (BC): British Columbia Medical Services Commission; 2010 Jan 1. 6p [28 references]

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: This patient presents with complaints of persistent low back and neck pain. The provider is requesting TSH laboratory test. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. In this case, the provider does not provide a rationale for a TSH laboratory test. There is no discussion of possible thyroid issues to consider a TSH laboratory test. Request is not medically necessary.

One (1) Prospective request for Laboratory Test: 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 Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screening.

Decision rationale: This patient presents with complaints of persistent low back and neck pain. The provider is requesting Hydrocodone and Metabolite serum laboratory test. While MTUS Guideline page 43 does not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG guidelines under its pain chapter discuss Urine Drug Screen and states that once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients is recommended. In this case, the provider is requesting multiple lab tests, including an EIA9 lab test, which includes screening for drugs. It is unclear why a separate lab for Hydrocodone and metabolite serum is being requested. In any case, the requested EIA9 lab test has been approved; therefore, further testing for Hydrocodone is not supported. Request is not medically necessary.

One (1) Prospective request for Laboratory Test Methadone Quantitative 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 Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screening.

Decision rationale: This patient presents with complaints of persistent low back and neck pain. The provider is requesting a Methadone Quant, GCMS, Serum. While MTUS Guideline page 43 does not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. For Quantitative urine drug testing, ODG does not recommend for verifying compliance without evidence of necessity. In this case, the provider does not provide a rationale for a quantitative UDS and ODG states that "any request for quantitative testing requires documentation that qualifies necessity." Request is not medically necessary.