

Case Number:	CM14-0159956		
Date Assigned:	10/03/2014	Date of Injury:	06/14/2010
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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 injured worker is a 59 year old male with a date of injury on 6/14/2010. He was diagnosed with (a) lumbar degenerative disc disease most significant at L4-L5 with central and bilateral foraminal narrowing left greater than the right, (b) bilateral lower extremity radiculopathy, left greater than the right, (c) cervical myoligamentous injury with upper extremity radicular symptoms, right greater than left, (d) bilateral knee myoligamentous injury with meniscus tears and (e) reactionary depression and anxiety. His medical history is significant for diabetes mellitus type II, hypertension, gastrointestinal complaints and headaches. In a progress notes dated July 30, 2014 it was indicated that he complained of increased pain in his lower back with radicular symptoms to both lower extremities which he rated to be at 8 out of 10 on the pain scale. The pain was aggravated by any type of bending, twisting and turning. He also complained of continued pain in his left knee which was aggravated by any type of weight bear. It was also indicated that he felt that his altered gait was due to his left knee pain exacerbated his low back pain. A physical examination revealed that the injured worker was in mild distress with a notable decreased range of motion to his cervical and lumbar spine. Antalgic gait favoring the left lower extremity was noted and he utilizes a cane in his right hand. On examination of the cervical spine, tenderness with taut band and trigger points was noted over the posterior cervical musculature. Range of motion of the bilateral shoulders was noted to be mildly to moderately decreased due to pain. On examination of the lumbar spine tenderness with taut bands and trigger points was noted and range of motion was profound in all planes. Motor examination revealed mildly decreased dorsiflexion of the right foot and ankle and extension of the right great toe. Sensory exam revealed decreased sensation along the posterior lateral thigh and lateral calf on the right when compared to the left. Straight leg raise test was positive bilaterally, on the right at about 45 degrees and on the left about 60 degrees. Authorization to proceed with a therapeutic

fluoroscopically guided transforaminal epidural steroid injection at the bilateral L5-S1 was requested. Medications were refilled and a referral to an orthopedic surgeon was made for ongoing low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

Decision rationale: Evidence-based guidelines indicate that recommendation of a non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Furthermore, evidence-based guidelines indicate that Soma (carisoprodol) is recommended for only two to three week period of usage and its main effect is due to generalized sedation and treatment of anxiety. However, there is no evidence that first-line medication was used in order to treat acute exacerbations of chronic low back pain. Moreover, Soma is considered as a sedating muscle relaxant which can only be used in two to three weeks. However, the request was Soma 350 milligrams #60, this information indicates that this medication will be used beyond the recommended time line as suggested by evidence-based guidelines. Based on this information, the medical necessity of the requested Soma 350 milligrams #60 is not established.

CBC: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor, High Blood Pressure, Malignant page(s) 1133

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines were silent with regard to this laboratory work-up. In referencing The Medical Disability Advisor, it was indicated that a complete blood count (CBC) will determine red and white cell counts and hemoglobin, possibly indicating anemia); red blood cell volume (hematocrit), which may show more fluid than cells, indicative of edema and fluid imbalance; and a platelet count that may reveal coagulation problems. A differential blood smear will be done to look for red blood cell fragments indicative of red blood cell destruction, (hemolysis or hemolytic anemia), which severely affects the oxygen carrying capacity of the blood and causes widespread organ damage. As in this injured worker's case, being a hypertensive and having diabetes at the same time poses

him at a higher risk of developing other affectations especially when pain is at its highest. Therefore, the medical necessity of the requested complete blood count is established. I agree with the reason for the approval.

CMP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor, Diabetes Mellitus, Type II page(s) 677

Decision rationale: As the injured worker is noted to be a hypertensive and was at the same time a diabetic injured worker, warranting the (CMP) comprehensive metabolic panel determine his body's current state of health. This would be appropriate for the assessment of the liver and kidney functions, blood sugar, cholesterol and calcium level as well as electrolyte levels and protein levels, which are the one's greatly affected this time that his hypertension and diabetes is active. Therefore, the medical necessity of the requested comprehensive metabolic panel (CMP) is necessary. I agree with the reason for the approval.

BMP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor, Diabetes Mellitus, Type II page(s) 677

Decision rationale: The request for a comprehensive metabolic panel has already been determined to be medically necessary and as such the request for basic metabolic panel (BMP) is determined not necessary at this time. This kind of laboratory work up also aims to determine liver and kidney functioning, but the comprehensive panel can be an all-in one test which can provide an overall picture of his state of health. The request is not medically necessary.

HBa1c: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor, Diabetes Mellitus, Type II page(s) 677

Decision rationale: The evidence-based guidelines indicate that periodic testing of glycosylated hemoglobin (Hb), or the HbA1c test, can give an estimate of plasma glucose over the preceding 1 to 3 months, and may help the physician recommend changes in diet, exercise, and insulin therapy. As the injured worker is a known diabetic this laboratory work-up is important to check compliance to medication regimen as well as the average glucose suggestive of his lifestyle for the past three months. This request is considered medically necessary. I agree with the reason for the approval.

UA: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor, Diabetes Mellitus, Type II page(s) 677

Decision rationale: Evidenced-based guidelines indicate that urine dipstick tests and regular urinalysis measure the amount of sugar in the urine (glycosuria, always an abnormal finding). Additionally, he is also utilizing pain medications to address his pain complaints. Urinalysis will determine the compliance of the injured worker not only with his pain medications as well as his diabetic and hypertensive medications. Therefore, the requested service is considered medically necessary. I agree with the reason for approval.

TPT/T4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor, Cervical Intervertebral Disc Degeneration page(s) 624

Decision rationale: The medical records received have limited information to determine the medical necessity of TPT/T4. These tests were recommended to assess presence of thyroid disease and determine thyroid gland functioning. Although it is appreciated that that injured worker is at risk of developing possible thyroid pathologies, the most recommended test is thyroid stimulating hormone (TSH). Additionally, there are no subjective complaints nor there were objective findings suggestive of possible thyroid problem although the injured worker has complaints in his cervical spine region. Therefore medical necessity of the requested TPT/T4 is not established.