

Case Number:	CM14-0163494		
Date Assigned:	10/08/2014	Date of Injury:	06/16/2008
Decision Date:	11/28/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation 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 44-year-old female with a 6/16/08 date of injury. According to a progress report dated 9/24/14, the patient complained of severe neck pain that has worsened. She described the pain as discomforting, throbbing, and deep that was aggravated by daily activities. She rated her pain without medications at a 10 and with medications at a 7. In the last month, on average, she rated the intensity of her pain at a level of 9. She rated how much pain has interfered with her daily activities at a level of 7. With medications, she is able to do simple chores around the house and minimal activities outside of the house 2 days a week. Without medications, the patient is able to stay in bed at least half the day and have no contact with the outside world. The provider stated that if labs are denied in the future, he would not be able to prescribe medications to this patient per protocol. The patient's medication regimen consisted of Verapamil, Lasix, omeprazole, Pepcid, Cinnamon, lisinopril, simvastatin, Pennsaid topical drops, amitriptyline, Robaxin, and Norco 10/325mg. Objective findings: limited range of motion of cervical spine, bilateral shoulder strength decreased, tenderness at bilateral shoulders, bilateral arms, trapezius. Diagnostic impression: spinal stenosis in cervical region, myalgia and myositis, cervical strain, cervical degenerative disc disease. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/6/14 denied the requests for Acetaminophen and CHEM 19, CBC, EIA9 w/Alcohol and Rflx Urine, GGT, Morphine Serum, Hydrocodone & Metabolite, Serum, Urinalysis, Complete TSH. Regarding Acetaminophen, it appears the request for acetaminophen pertains to the request for Norco (10/325), which is not indicated in this case due to the high pain levels of 7-9/10 on VAS reported and significant functional benefit is not described. Regarding CHEM 19, CBC, EIA9 w/Alcohol and Rflx Urine, GGT, Morphine Serum, Hydrocodone & Metabolite, Serum, Urinalysis, Complete TSH, there is no clear rationale presented for the labs and the documentation does not identify any

indications for their use at this point, other than "medications will not be prescribed if labs are denied". Given the claimant has been recommended to discontinue opioids, hydrocodone and metabolites and morphine serum are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Acetaminophen Page(s): 11-12,16-17.

Decision rationale: CA MTUS states that Acetaminophen is indicated for treatment of chronic pain & acute exacerbations of chronic pain. However, in the present case, the patient's medication regimen does not include Acetaminophen. The patient is currently taking Norco, which contains Acetaminophen. In the provider's request, he has used CA MTUS guidelines for Acetaminophen. However, it is unclear whether or not this patient is currently taking this medication individually, and as a result, the medical necessity for Acetaminophen cannot be established at this time. In addition, the dosage and quantity of medication requested are not noted. Therefore, the request for Acetaminophen was not medically necessary.

CHEM 19, CBC, EIA9 w/Alcohol and Rflx Urine, GGT, Morphine Serum, Hydrocodone & Metabolite, Serum, Urinalysis, Complete TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43;78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'

Decision rationale: CA MTUS and ODG do not address the issue of lab studies. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. 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. However, in the present case, the provider has not provided a specific rationale as to why these labs are being ordered for this patient.

There is no documentation of adverse effects from medications or patient symptoms to justify the need for labwork. In addition, the medical necessity of the patient's opioid medication regimen has not been established. There is no documentation of significant pain relief from opioid medication use, as the patient has reported her current pain level to be a 9/10. Furthermore, it is noted that the morphine caused nausea, so the provider has discontinued its use. Since the medical necessity of the patient's opioid medications has not been established, the associated request for Morphine Serum and Hydrocodone & Metabolite urinalysis cannot be substantiated. Therefore, the request for CHEM 19, CBC, EIA9 w/Alcohol and Rflx Urine, GGT, Morphine Serum, Hydrocodone & Metabolite, Serum, Urinalysis, Complete TSH was not medically necessary.