MAXIMUS Federal Services

| Case Number: | CM14-0035150 | | |
|---|---|---|---|
| Date Assigned: | 03/24/2014 | Date of Injury: | 01/19/1995 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 02/24/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

## 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 Emergency 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:

Patient has a date of injury of 1/19/1995. No mechanism of injury was provided. Patient presents with diagnosis of depression, ankle/foot pain, chronic demyelinating inflammatory polyneuropathy (CIDP), thoracic/lumbosacral radiculopathy, lumbar myelopathy, myalgia and myositis, arthropathy, hypotestosteronemia, encephalopathy, knee replacement and low back pain. The patient is also noted to have had a recent right hip replacement. Multiple medical records reviewed from primary treating physician and consultants when available. The last report available was on 2/12/14. Patient complains of moderate low back and right knee pain. Pain is sharp, dull, shooting, persistent and worsening. Pain radiates to lower back and legs and extends to right calf, right foot and both thighs. Pain worsens with any activity. Pain improves from 10/10 to 6/10 with pain meds. There is no noted weight loss or change in baseline mood although patient seems depressed and is not improving with medications. Objective exam reveals non-ambulatory individual in no distress, decreased left lower extremity muscle tone and hypertonic tone. Diffuse lower back pain and paraspinal spasms. Patient has positive bilateral buttock and sacroiliac joint tenderness. The patient tested positive for Patrick's Faber on the left and has limited lumbar range of motion due to pain. The patient's left ankle is described as "severely collapsed" due to CIDP with taut bands in paraspinous demonstrating twitch response referred to leg. There is diffusely decreased lower extremity strength. Primary treating physician has documented discussion concerning appropriate use of opioids. There is no documentation about any concerns about abuse or suspicious activity. Patient is on daily morphine equivalent of 60mg. Current medication include Lyrica, Norco, lidocaine, Ambien, Cymbalta, Carvedilol, Nifedical and hydralazine. There are no reports of imaging or other studies provided. Utilization review is for Buccal Drug Screen, Urine Drug Screen, CBC with differential, acetaminophen serum, EIA 9, Hydromorphone serum, free testosterone, UA, TSH and Chem 19. Prior UR on

2/24/14 certified refills of several requested medications but recommended non-certification of all the requested laboratory test as above. Addendum(4/23/14): Additional UR requested is for Norco 10/325 #180 with 1refill, Lidoderm 5% #90(4refills), Cymbalta 20mg #30(1refill), Ambien CR 12.5mg #45(1refill).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**BUCCAL DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Patient is chronically on opioids for chronic pain control. As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary treating physician documents monitoring of CURES and asking questions concerning suspicious activity and pain contract. Patient is on high dose of opioids for pain but there is no documentation of abuse and no prior drug screening results were provided. Buccal Drug screening is one of several drug-screening methods available. It is not as commonly used as urine drug screening. The primary treating physician requested multiple drug screening lab tests, without any documentation as to why these were chosen. A urine drug screen and an EIA 9 test were also ordered which test for the same drug of abuse as the buccal test. Due to lack of documentation of need, contradictory and multiple redundant lab test ordered, the lab study of Buccal Drug Screening is not medically necessary.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Patient is chronically on opioids for chronic pain control. As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary treating physician documents monitoring of CURES and asking questions concerning suspicious activity and pain contract. Patient is on high dose of opioids for pain but there is no documentation of abuse and no prior drug screening results were provided. Urine Drug screening is one of several drug screening methods available. It is the most commonly used drug-screening test. The primary treating physician requested multiple drug screening lab tests, without any documentation as to why these were chosen. A buccal drug screen and EIA 9 test was also ordered which test for the same drug of abuse as the buccal test. Due to lack of

documentation of need, contradictory and multiple redundant lab test ordered, the lab study of Urine Drug Screening is not medically necessary.

**COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

**Decision rationale:** CBC is a Complete Blood Count, which is a common lab test. As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. Patient is chronically on acetaminophen as part of his Norco (acetaminophen/hydrocodone) therapy. CBC may be warranted in monitoring concern for potential chronic overdose or other side effects. CBC is medically necessary.

**ACETAMINOPHEN SERUM:** 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: FARRELL SUSAN E;ET AL. "ACETAMINOPHEN TOXICITY WORKUP", EMEDICINE, MEDSCAPE.COM, UPDATED 1/27/14.

**Decision rationale:** Acetaminophen serum refers to a lab test that measures serum acetaminophen. There are no sections in the MTUS Chronic pain or ACOEM guidelines that refer to this test. There is no section in the ODG that refers to this test. Patient is taking acetaminophen as part of his Norco (acetaminophen/hydrocodone) pain therapy. It is used as part of a treatment protocol to determine acute acetaminophen toxicity. While patient is taking acetaminophen, there is no supportive documentation from primary physician or labs that notify concern for acetaminophen overdose. Levels are most useful in acute overdose and are significantly less useful in chronic use overdose. There is no documentation of signs of liver failure or any concern about abuse. There is no documentation to support the lab testing of serum acetaminophen levels.

**EIA 9:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Patient is chronically on opioids for chronic pain control. As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary treating physician documents monitoring of CURES and asking questions concerning suspicious activity and pain contract. Patient is on high dose of opioids for pain but there is no documentation of abuse and no prior drug screening results were provided. EIA 9 likely means Enzyme Linked Assay 9, a type of several drug-screening methods available. It is a type of urine drug screen. The primary treating physician requested multiple drug screening lab tests, without any documentation as to why these were chosen. EIA 9 has some extended screening for drugs not covered by the urine or buccal drug screening but there is no documentation of why there is suspicion. Due to lack of documentation of need, contradictory and multiple redundant lab test ordered, the lab study of EIA 9 is not medically necessary.

**HYDROMORPHINE SERUM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Patient is chronically on opioids for chronic pain control. As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary treating physician documents monitoring of CURES and asking questions concerning suspicious activity and pain contract. Patient is on high dose of opioids for pain but there is no documentation of abuse and no prior drug screening results were provided. Hydromorphone serum is one of several drug testing methods available specifically assessing levels of hydromorphone, an opioid. As per medication list provided, patient is not supposed to be on hydromorphone but is taking hydrocodone as part of his Norco pain medicine. The primary treating physician requested multiple drug screening lab tests, without any documentation as to why these were chosen. There is no documentation of suspicions concerning hydromorphone abuse and hydromorphone can be detected in all three redundant drug-screening tests that were ordered by the treating physician. Due to lack of documentation of need, contradictory and multiple redundant lab test ordered, the lab study of Hydromorphone serum is not medically necessary.

**FREE TESTOSTERONE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement For Hypogonadism (Related To Opioids) Page(s): 110-111.

**Decision rationale:** As per MTUS chronic pain guidelines, men chronically on high dose opioids are at risk for hypogonadism. Patient has a diagnosis of hypotestosteronism and has some complaints of fatigue and weakness that may improve with testosterone therapy if levels are low. Lab test for Free Testosterone is medically necessary.

**UA COMPLETE:** Upheld

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

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

**Decision rationale:** UA complete likely means Urinalysis, a lab test. Review of MTUS Chronic pain and ACOEM guidelines along with review ODG only partly covers routine lab testing. Not all of the evidence-based guidelines recommend routine lab testing except in case of patients chronically on Tegretol or for urological surgery preoperative testing. There is no documentation to support the lab test, UA complete. It is not medically necessary.

**TSH:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396.

**Decision rationale:** TSH or Thyroid Stimulating Hormone is a lab test that is used as part of several tests to determine if a patient has low or high thyroid levels. As per ACOEM guidelines, hypothyroidism may be a part of the cause of a patient's low energy and depression. Patient has reports of low energy and generalized depression. Test for TSH is medically necessary.

**CHEM 19:** Overturned

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

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

**Decision rationale:** Chem 19 is a lab test testing for multiple blood markers for renal function and liver function and electrolytes. Review of MTUS Chronic pain and ACOEM guidelines along with review ODG only partly covers routine lab testing. Not all of the evidence-based guidelines recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. Patient is chronically on acetaminophen as part of his Norco

(acetaminophen/hydrocodone) therapy. Chem 19 may be warranted in monitoring concern for potential chronic overdose or other side effects. Chem 19 is medically necessary.

**NORCO 10/325MG #180 (WITH 1 REFILL):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Norco is hydrocodone with acetaminophen. Hydrocodone is an opioid. As per MTUS Chronic pain guidelines, documentation supports the continued ongoing management and use of percocet with appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient is stable on Norco with no noted worsening of symptoms and reported moderate control of pain on current regiment. However, the number of tablets prescribed and an additional refill does not meet the "close monitoring" requirement as per MTUS guidelines. Guidelines recommend at least one visit every 1-2months. In addition, the primary treating physician requested testing that shows potential concern for abuse or excessive acetaminophen intake. The number of tablets is excessive. The current prescription of Norco is not medically appropriate.

**LIDODERM 5% #90 (WITH 4 REFILLS):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** As per MTUS guidelines, Lidoderm is a topical lidocaine patch. Lidoderm patch is FDA approved for post-herpetic neuralgia only. Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. Patient has a known history of Chronic Demyelinating Inflammatory Polyneuropathy (CIDP), which causes neuropathic pain. Patient is currently on 1st line neuropathic pain medications that reportedly helps with the pain. Patient meets criteria for use of Lidoderm. Lidoderm is medically necessary.

**CYMBALTA 20MG #30 (WITH 1 REFILL):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** Cymbalta (Duloxetine) is an antidepressant. As per MTUS Chronic pain guidelines, it is recommended for neuropathic pain. Patient has a known history of Chronic Demyelinating Inflammatory Polyneuropathy (CIDP), which causes neuropathic pain. Patient has chronically been on Cymbalta with documentation of pain improvement. Cymbalta is medically necessary.

**AMBIEN CR 12.5MG #45 (WITH 1 REFILL):** Upheld

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

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

**Decision rationale:** Ambien is Zolpidem, a benzodiazepine approved for insomnia. MTUS Chronic pain guidelines and ACOEM guidelines do not have any information that directly applies to zolpidem or insomnia. As per Official Disability Guide, Ambien is approved for short-term use (2-6weeks) for insomnia. There is no provided documentation to support use of zolpidem. There is a history of insomnia but there is no documentation of severity and any attempts at conservative therapy prior to use of zolpidem. It is not recommended that the patient be taking this medication chronically. The primary treating physician has not documented awareness of adverse effects or proper monitoring of use. Ambien is not medically necessary.