

<b>Case Number:</b>	CM14-0040776		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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, has a subspecialty in Pain Management 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 7/23/12. A utilization review determination dated 3/4/14 recommends non-certification of modification of 8 PT sessions to 4, and Percocet #180 to #90. Urinalysis with culture and labs for thyroid stimulating hormone (TSH), comprehensive metabolic panel (CMP), and complete blood count (CBC) with differential were delayed/conditionally non-certified. It was noted that the patient has a history of neurogenic bladder secondary to conus medullaris syndrome and he has to self-catheterize daily. He was said to be at maximal medical improvement (MMI) for that condition on 1/23/14. A 2/17/14 medical report identifies low back and left hip pain as well as a spinal cord injury and neurogenic bladder. He got out of his lifted truck 5 days earlier and landed "wrong." His left leg buckled and he fell on his left hip and now complains of worsened left hip pain. Pain radiates down posterior left thigh. He is taking up to 6 Norco per day. He is self-catheterizing twice a day with occasional mild hematuria. Urinalysis after last visit was negative for infection, but foul smell of urine persists and he is having night sweats frequently. On exam, there is limited lumbar range of motion (ROM), abnormal heel/toe walk, left SI joint and greater trochanteric tenderness, 3/5 left hip flexor strength, 4/5 LLE flexion/extension, 4/5 EHL, decreased sensation left medial/lateral thigh and lateral LE/foot. The plan was to increase Percocet dose to 10/325 1 tab every 4 hours as needed for pain #180, with plan to decrease back down to 5/325 once pain is back to baseline. Urinalysis and labs were requested to ensure no UTI went undetected previously given the night sweats and the high risk of UTI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Eight Physical Therapy Sessions: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

**Decision rationale:** MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the patient was noted to have had an exacerbation just prior to the request after a fall. There was limited ROM and weakness on exam. A short course of PT is reasonable to address an objective exacerbation. In light of the above, the currently requested 8 PT sessions is medically necessary.

### **One Prescription of Percocet 10/325 MG Quantity 180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**Decision rationale:** 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 as well as no documentation regarding side effects, and no discussion regarding aberrant use. It was acknowledged that the patient was utilizing Percocet 5/325 and the request for Percocet 10/325 was requested to address a recent exacerbation. However, the documentation has not clearly demonstrated that the criteria for chronic opioid use have been met; ongoing use is not considered medically appropriate. In light of the above issues, the requested Percocet is not medically necessary.

### **One Urinalysis With Culture: 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 Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

**Decision rationale:** This test is supported when there are symptoms/findings suggestive of a urinary tract infection. Within the documentation available for review, there is documentation of

a patient with a high risk of urinary tract infection secondary to a neurogenic bladder and the need to self-catheterize. He had foul smelling urine and new symptoms of night sweats, and the provider wished to repeat the test from the month before to ensure that a UTI was not missed. Given the patient's high risk of UTIs, the request is reasonable. In light of the above, the currently requested urinalysis with culture is medically necessary.

**One Lab For TSH, CMP, and CBC differential:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/tsh/tab/test>, <http://labtestsonline.org/understanding/analytes/cmp/tab/test>, <http://labtestsonline.org/understanding/analytes/cbc/tab/test>.

**Decision rationale:** These tests are utilized to check thyroid function, test for liver and kidney function, and identify infectious processes, among other indications. Within the documentation available for review, there is documentation of a patient with a high risk of urinary tract infection secondary to a neurogenic bladder and the need to self-catheterize. He had foul smelling urine and new symptoms of night sweats, and the provider wished to ensure that a UTI was not missed on prior urinalysis. The tests would also potentially rule out other causes of the patient's night sweats. Given the patient's high risk of UTIs, the request is reasonable. In light of the above, the currently requested TSH, CMP, and CBC differential are medically necessary.