

Case Number:	CM14-0064404		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2006
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 claimant was injured on 10/09/06. Requests for lab studies including TSH, amitriptyline, acetaminophen, tramadol confirmation by GCMS, SR, urinalysis, CBC, EIA 9 with GCMS 4/fentanyl/meperidine, hydrocodone and metabolites, and GGT are under review. The Chem 19 and Norco were certified and the other requests were non-certified. The claimant reportedly injured her shoulders, right arm, wrist, and hand, neck, lower left arm, wrist, and hand and has physical/mental issues. The carrier has denied claims for her heart and internal organs. She has had medications and has also undergone radiofrequency of the cervical region. She has had multiple medications. She has also had other studies including gastric emptying study and has received acupuncture. She had nerve conduction studies and an MRI of the cervical spine showed cervical spondylosis with degenerative joint disease, degenerative disc disease, and facet arthropathy. She has also had a cervical epidural steroid injection 2012 and cervical medial branch nerve blocks at C2 and C3 in May 2013. She also had right sided cervical medial branch nerve blocks at C2, C3 on 06/05/13. She was diagnosed with mild gastritis, rule out gastroparesis in October 2013. She also had a psych AME and internal medicine AME in the past. On 01/16/14, she saw [REDACTED] and had moderate neck pain that was worse. She had radicular pain in both shoulders and the cervical region. She had decreased sensation in the left thumb and index and right middle fingers and the bilateral ulnar hands. Range of motion was restricted by pain. She also had pain in the cervical region on facet loading maneuvers with taut bands and twitch response referred to the shoulders. She was diagnosed with failed back surgery syndrome of the cervical spine and occipital neuralgia. She had mild sinusitis and myalgia. Medications included topiramate, Prilosec, Norco, Flexeril, baclofen, and amitriptyline. Trigger point injections were recommended. On 03/21/14, her neck pain was worse. She had tenderness and decreased range of motion. Medications, electrodiagnostic studies, CURES, and routine labs

were ordered. On 04/18/14, she complained of severe constant neck pain and bilateral head, scalp, shoulder and arm pain. She had tenderness about the cervical region and left shoulder with decreased range of motion. She was to receive renewed medications and be monitored for adherence with UDS, CURES, and routine labs. Cervical collar reimbursement was requested. Chem 19 laboratory studies were recommended because she was on chronic opiates with acetaminophen but the other labs were non-certified. Urinalysis also was non-certified. The claimant had an AME on 10/03/13. Additional information indicated that she had mild gastritis after evaluation of her gastrointestinal tract. Gastric emptying study was pending. She saw [REDACTED] on 11/11/13 and had severe ongoing pain problems. Her medications included Norco, baclofen, topiramate, Flexeril, amitriptyline, Prilosec, lorazepam, Ambien CR, and Pristiq ER. She complained of fever and weight gain. She had vision changes. She also complained of dyspnea and irregular heartbeat and leg pain while walking. She had abdominal pain and constipation, urinary incontinence, anxiety, depression, dizziness, extremity weakness, headache, insomnia, and memory impairment. She had brittle hair, nails, and pruritus, joint pain and swelling, muscle weakness and neck pain. She had radicular pain involving the neck and shoulder regions. A gastric emptying study per the AME, acupuncture, and massage therapy were all recommended. Aquatic therapy had been helpful. She was close to being ready to settle. The right Cr, C3 TON gave her 50% relief. A urine drug screen dated 11/11/13 revealed the presence of opiates/morphine and tricyclic antidepressants; lorazepam was present which was consistent and nortriptyline which was consistent with the use of amitriptyline. Opiates were positive which was consistent. She was seen again on 11/18/13 and received trigger point injections. She attended a physical therapy evaluation for her neck and upper back on 11/25/13. On 01/16/14, she was seen again. She had recently suffered from the flu. Routine laboratory studies were ordered. She continued with chronic pain. The claimant is status post cervical fusion in the past. On 02/21/14, she was seen again for trigger point injections. Her medical history included anemia, bilateral carpal tunnel, disc replacement in the neck, chronic gastritis, heartburn, neck pain or severe headaches, high platelets, and tachycardia. Medications included amitriptyline, Prilosec, topiramate, tizanidine, Norco, lorazepam, Ambien CR, and Pristiq ER. She still had multiple symptoms. On 03/21/14, she was seen again and was worse. Botox was recommended for chronic headaches. She reported 10/10 pain without medications and 8/10 pain with medications. She received Botox injections on 04/14/14. On 04/18/14, there is a request for TSH, amitriptyline, acetaminophen, tramadol confirmation by GCMS, SR, complete urinalysis, CBC with differential and platelets, EIA 9 with GCMS 4/fentanyl/meperidine, chem. 19, hydrocodone and metabolites, serum, GGT, and cervical soft tissue soft collar reimbursement. She was attempting beginner's yoga and was thinking about going back to Curves, an exercise facility. Her medications were renewed. On 05/20/14, a urine drug screen revealed the absence of lorazepam which was inconsistent, opiates were present which was consistent and nortriptyline was also present. On 05/09/14, there is an appeal for these denials and [REDACTED] stated that the rationale for monitoring her with labs was because of her chronic use of medications. GGT is a liver enzyme that is elevated with early acetaminophen toxicity. Opiates are known to cause endocrinopathies, monitoring serum levels for controlled substances has is commonplace as monitoring of serum cannot be adulterated like urine. The claimant was seen again on 05/19/14. She denied any change in her weight. She had an eye discharge. She was not using a soft collar. An EKG was recommended to evaluate her symptoms. She was taking amitriptyline which can cause QT interval prolongation. She had a normal QT interval.

There was a possible old MI. She was walking and stretching. Her compliance and laboratory studies were again recommended to be evaluated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 107. Decision based on Non-MTUS Citation Bahn Chair RS, Burch HB, Cooper DS, Garber JR, Greenlee MC, Klein I, Laurberg P, McDougall IR, Montori VM, Rivkees SA, Ross DS, Sosa JA, Stan MN, American Thyroid Association, American Association of Clinical Endocrinologists. Hyperthyroidism and other causes of thyrotoxicosis: management guidelines of the American Thyroid Association and American Association of Clinical Endocrinologists. Thyroid. 2011 Jun;21(6):593-646; Garber JR, Cobin RH, Gharib H, Hennessey JV, Klein I, Mechanick JI, Pessah-Pollack R, Singer PA, Woeber KA, American Association of Clinical Endocrinologists and American Thyroid Association. Clinical practice guidelines for hypothyroidism in adults: cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association. Endocr Pract. 2012 Nov-Dec;18(6):988-1028.

Decision rationale: The history and documentation do not objectively support the request for a TSH level in this case. The listed guidelines regarding hyperthyroidism and hypothyroidism do not mention the use of thyroid studies based on the chronic use of opioids/narcotic medications. Opioids have been shown to cause endocrine problems in male patients, including hypogonadism but hypothyroidism and hyperthyroidism have not been demonstrated. The medical necessity of a TSH level based on the claimant's history of injury and treatment and her use of opioid medications has not been clearly demonstrated.

Lab Amitriptyline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Tests Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a lab test for amitriptyline. The MTUS recommend drug tests "as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, more than one urine drug screen has revealed the presence of nortriptyline, which indicates the use of amitriptyline and it is not clear why further proof of the claimant's use of this medication is considered to be necessary. The medical necessity of a lab test for amitriptyline has not been clearly demonstrated.

Lab: Acetaminophen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a lab test for acetaminophen. The MTUS recommend drug tests "as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that overuse of acetaminophen is suspected. The claimant has not reported taking more than the recommended dose of acetaminophen and no evidence of a liver disorder appears to be present. It is not clear why further proof of the claimant's use of this medication is considered to be necessary. The medical necessity of a test for acetaminophen has not been clearly demonstrated.

Tramadol conf. by GCMS, SR QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for confirmation by GCMS, SR of the presence of tramadol. The MTUS recommend drug tests "as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that noncompliance with medications or the use of illegal medications is suspected (including a suspicion that tramadol is being used and was not prescribed. It is not clear why further proof of the claimant's use of this medication is considered to be necessary or that it is necessary to rule out its use. There is no evidence that it has been prescribed and requires monitoring. This medication is not typically abused. The medical necessity of a confirmatory test for tramadol has not been clearly demonstrated.

Urinalysis QTY: 1.00: 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 Harrison's Principles of Internal Medicine, Urology/Nephrology chapters.

Decision rationale: The history and documentation do not objectively support the request for a urinalysis. Harrison's Principles of Internal Medicine recommend laboratory testing of the urine

when specific symptoms are present and disorders need to be evaluated or ruled out. There is no evidence of urinary difficulties such that this type of test appears to be indicated. The specific reason for the study has not been described and none can be ascertained from the records. The medical necessity of the request for a urinalysis has not been clearly demonstrated.

Lab CBC QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, chapters on Hematology/Anemia.

Decision rationale: The history and documentation do not objectively support the request for a CBC (complete blood count). Harrison's Principles of Internal Medicine recommend laboratory testing of the blood for blood counts including white blood cell count, hemoglobin/hematocrit, and platelets, among others when specific symptoms are present and disorders need to be evaluated or ruled out. The claimant has a history of anemia but there is no other history to support the need for a CBC. There is no documentation of shortness of breath likely related to anemia, infection, or bleeding or bruising symptoms to support this type of study. The specific reason for the study has not been described and none can be ascertained from the records. The medical necessity of the request for a complete blood count has not been clearly demonstrated.

Lab: EIA 9 w/GCMS 4/Fentanyl/Meperidine QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77. Decision based on Non-MTUS Citation Quest Diagnostics website re: EIA 9 W/GCMS; FENTANYL AND NORFENTANYL, URINE; MEPERIDINE AND NORMEPERIDINE, URINE.

Decision rationale: The history and documentation do not objectively support the request for EIA 9 with GCMS 4/Fentanyl/Meperidine. The MTUS recommend drug tests "as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no history of use of fentanyl or Demerol (meperidine) to support the request for a drug test to evaluate for their presence. The indication for this test has not been described in the records and none can be ascertained from the file. There is no indication that the claimant is suspected of illegal use of these medications or requires testing to assure compliance if they have not been prescribed. The medical necessity of this request for EIA 9 with GCMS 4/Fentanyl/Meperidine has not been clearly demonstrated.

Lab Hydrocodone & Metabolite QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for lab tests for hydrocodone and metabolites. The MTUS recommend drug tests "as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is a history of use of opioids and the previous drug screens have been consistent with the prescribed medications. There is no indication that illegal drug use or noncompliance by the claimant with her prescribed is suspected. The indication for this test has not been described in the records and none can be ascertained from the file. There is no indication that the claimant is suspected of illegal use of these medications or requires testing to assure compliance. The medical necessity of this request for lab testing for hydrocodone and metabolites has not been clearly demonstrated.

Lab GGT Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, Chapters on Liver Disease.

Decision rationale: The history and documentation do not objectively support the request for a GGT level. Harrison's Principles of Internal Medicine recommend laboratory testing of the blood for GGT level when specific symptoms are present and disorders need to be evaluated or ruled out. There is no history of liver disease or inappropriate use or overuse of medications such as acetaminophen. There is no documentation of any symptoms of findings demonstrating possible liver disease to support proceeding with this type of lab test. The specific reason for the study has not been described and none can be ascertained from the records. The medical necessity of the request for a GGT level has not been clearly demonstrated.