

Case Number:	CM14-0065320		
Date Assigned:	07/11/2014	Date of Injury:	01/17/2002
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The injured worker is a 59-year-old female who reported an injury on 01/17/2002. The mechanism of injury was not documented in submitted report. The injured worker has diagnoses of status post right first dorsal compartment release, chronic right lateral epicondylitis, status post lumbar fusion at the L3-4 level, cervical spondylosis, anterior talofibular ligament injury left ankle, internal medicine diagnosis, psychological diagnosis, and status post right knee arthroscopy with Chondromalacia of the patella and pes anserine bursitis. The injured worker's past medical treatment consists of physical therapy and medication therapy. Medications documented in submitted report are hydrochlorothiazide 25 mg daily, amlodipine 10 mg daily, metformin 850 mg 3 times a day, ASA 81 mg daily, Captopril 50 mg 1 tablet 3 times a day, clonidine 0.2 mg daily, Singulair 10 mg 1 tablet daily, Prandin 1 mg 1 tablet 3 times a day, Qvar inhaler 40 mcg 1 puff daily, ProAir HFA 2 puffs every 4 hours to 6 hours as needed, albuterol nebulizer 2.5 mg blister pack, and diabetic test strips, lancets, alcohol swabs 45 day supply. A urine drug screen was obtained on 10/31/2013, revealing that the injured worker was in compliance with her prescription medications. The injured worker underwent right knee arthroscopy and right first dorsal compartment release. The injured worker complained of headaches and a burning sensation in her head. There were no levels of measurable pain documented in the submitted report. The injured worker also complained of pain in multiple areas, which included her neck and back. Physical examination dated 05/22/2014 revealed that the injured worker's cervical spine had tenderness to palpation on the posterior cervical and bilateral trapezius musculature. Forward flexion was within 1 fingerbreadth of the chin to the chest. Extension was 10 degrees. Lateral rotation was 60 degrees bilaterally. Examination of the lumbar spine revealed tenderness in the lower lumbar paravertebral musculature. Forward flexion was 65 degrees and extension was 10 degrees. Lateral bending was 30 degrees. The

treatment plan is for the injured worker to have a urine drug screen done, receive a consultation with a pulmonologist, continue the use of albuterol nebulizer and to receive Lexiscan. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for Urine toxicology screen is medically necessary. The injured worker complained The request for Urine toxicology screen is not medically necessary. The injured worker complained of headaches and a burning sensation in her head. There were no levels of measurable pain documented in the submitted report. The injured worker also complained of pain in multiple areas, which included her neck and back. The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. Guidelines state drug screens are steps taking before an initial trial. The provided documentation did not indicate the reason for a urine drug screen. The list of medications did not include any narcotic or benzodiazepines. There was no indication that the injured worker was at high risk for abuse or controlled substances, and there was no documentation identifying a consideration for treatment with drugs of potential abuse. As such, the request for a urine toxicology screen is not medically necessary.

Consultation with pulmonologist secondary to abnormal PFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Independent Medical Examinations and Consultations Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for Consultation with pulmonologist secondary to abnormal PFT is medically necessary. The California Medical Treatment Utilization Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The progress note dated 03/17/2014 stated that the injured worker's condition was stable. It was also noted that the provider was awaiting pulmonary function test results. There was no documentation identifying why a specialty consultation with a pulmonologist would be required for the injured worker with stable asthma prior to the provider

reviewing the pulmonary function test report. As such, the request for a consultation with a pulmonologist is not medically necessary.

Albuterol nebulizer 2.5mg blister pack #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/albuterol-aerosol.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pulmonary, Asthma medications.

Decision rationale: The request for Albuterol nebulizer 2.5mg blister pack #45 is not medically necessary. ODG recommends inhaled corticosteroids (ICSs) are the most effective long-term control therapy. When choosing among treatment options, consider domain of relevance to the patient (impairment, risk or both), patient's history of response to the medication, and patient's willingness and ability to use the medication. According to the very widely recognized GINA (Global Initiative for Asthma) guidelines, the treatment of occupational asthma is identical to other forms of this condition. Therefore, when considering which medications are appropriate for treatment of occupational asthma, the GINA guidelines as well as a number of other guidelines are reviewed. According to the submitted report dated 04/17/2014, the injured worker appeared to have well controlled asthma with no documentation of frequent hospitalizations. There was no documentation to support the severity of the asthma that would require an albuterol nebulizer. Given the above, the request for albuterol nebulizer 2.5 mg blister pack is not medically necessary.

Lexiscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/lexiscan.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Drugs.com/lexiscan.html](http://www.drugs.com/lexiscan.html) (Lexiscan).

Decision rationale: The request for Lexiscan is not medically necessary. According to Drug.com Lexiscan (regadenoson) is a stress agent that works by increasing blood flow in the arteries of the heart. Lexiscan is given in preparation for a radiologic (x-ray) examination of blood flow through the heart to test for coronary artery disease. Guidelines state that the use of Lexiscan should be taken into consideration if the patient has a history of asthma or COPD (chronic obstructive pulmonary disease). The submitted report dated 04/17/2014 stated that the injured worker had an adenosine stress test. The report was requested by the provider. There was no documentation identifying why an additional test with Lexiscan is required prior to the provider receiving and reviewing the report of the adenosine stress test. Without reviewing the test, there is no way of concurring any additional stress testing. Furthermore, the guidelines stated above stipulate that the use of Lexiscan should be taken into consideration when the

injured worker has a history of asthma. As such, the request for Lexiscan is not medically necessary.