MAXIMUS Federal Services

Case Number:	CM14-0073701		
Date Assigned:	08/06/2014	Date of Injury:	04/06/2007
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 54-year-old female who reported injuries due to continuous and repetitive trauma on 04/06/2007. On 01/14/2014, her diagnoses included right shoulder rotator cuff repair, right shoulder impingement syndrome, right shoulder pain, trigger finger release of the left hand, carpal tunnel release of the left hand, and left hand reflex sympathetic dystrophy. Her medications included Tramadol 50 mg and ibuprofen 600 mg. On 04/15/2014, Nucynta 75 mg, Gabapentin 300 mg, and Cymbalta 30 mg were added. On 04/28/2014, she had a left stellate ganglion block. She had had previous stellate ganglion blocks and had gotten significant pain relief, but it was only transitory. On 04/29/2014, all of the lab tests that have been requested were part of the treatment plan. The rationale was that the tests were being requested to help assess this worker's condition of chronic pain, to help with diagnosis and to direct treatment. The rationale for the request of pain management counseling was to reduce pain and improve function. A Request for Authorization dated 04/29/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anti Nuclear Antibody Lab Study QTY: 1: Upheld

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

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: labtestsonline.org.

Decision rationale: The request for anti-nuclear antibody lab study QTY: 1 is not medically necessary. Per labtestsonline.org, the antinuclear antibody (ANA) test is used as a primary test to help evaluate a person for autoimmune disorders that affect many tissues and organs throughout the body. Additionally, the test is most often used as one of the tests to help diagnose systemic lupus erythematosus. There is no evidence in the submitted documentation that this worker has lupus or any other autoimmune disorder. The need for an ANA had not been clearly demonstrated. Therefore, this request for anti-nuclear antibody lab study QTY: 1 is not medically necessary.

CBC (Complete Blood Count): Upheld

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

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: labtestsonline.org.

Decision rationale: The request for CBC (complete blood count) is not medically necessary. Per labtestsonline.org, the complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. When a person has been diagnosed with a disease known to affect blood cells, a CBC will often be ordered on a regular basis to monitor their condition. Likewise, if someone is receiving treatment for a blood related disorder, then a CBC may be performed frequently to determine if the treatment is effective. This worker has not been diagnosed with a disease known to affect blood cells, and is not receiving any treatment for a blood related disorder. The need for a CBC has not been clearly demonstrated in the submitted documentation. Therefore, this request for CBC (complete blood count) is not medically necessary.

SED (Sedimentation) Rate: Upheld

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

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: labtestsonline.org.

Decision rationale: The request for SED (sedimentation) rate is not medically necessary. Per labtestsonline.org, the erythrocyte sedimentation rate, or sed rate, is a relatively simple, inexpensive, nonspecific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers and autoimmune diseases. The ESR is

used to help diagnose certain specific inflammatory diseases, temporal arteritis, systemic vasculitis and polymyalgia rheumatica. A significantly elevated ESR is 1 of the main test results used to support the diagnosis. This test may also be used to monitor disease activity in response to therapy in the above diseases, as well as systemic lupus erythematosus. This worker has not been diagnosed with any of the above mentioned diseases or conditions. The need for a sedimentation rate has not been clearly demonstrated in the submitted documentation. Therefore, this request for SED (sedimentation) rate is not medically necessary.

Thyroid Function: Upheld

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

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: labtestsonline.org.

Decision rationale: The request for thyroid function is not medically necessary. Per labtestsonline.org, a thyroid function panel is used to help evaluate thyroid gland function and to help diagnose thyroid disorders as a part of a health checkup, or when symptoms suggest hypo or hyperthyroidism due to a condition affecting the thyroid. There is no indication that this worker had any symptoms of hypo or hyperthyroidism including constipation, hair loss, dry skin, increased heart rate, tremors of the hands, puffiness around the eyes, dryness, irritation, or bulging of the eyes. The need for this particular laboratory test was not clearly demonstrated in the submitted documentation. Therefore, this request for thyroid function is not medically necessary.

CRP (C-Reactive Protein): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chemistry Panel Page(s): 70.

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: labtestsonline.org.

Decision rationale: The request for CRP (C-reactive protein) is not medically necessary. Per labtestsonline.org, C reactive protein (CRP) is a nonspecific test to detect inflammation if there is a high suspicion of tissue injury or infection somewhere in the body, but the test cannot tell where the inflammation is or what condition is causing it. CRP is not diagnostic of any condition, but it can be used together with signs and symptoms, and other tests to evaluate an individual for an acute or chronic inflammatory condition. For example, CRP may be used to detect or monitor significant inflammation in an individual who is suspected of having an acute condition such as a serious bacterial infection like sepsis, a fungal infection or pelvic inflammatory disease. There is no indication in the submitted documentation that any of the practitioners seeing this worker suspect a serious bacterial infection like sepsis or a fungal

infection. The need for CRP has not been clearly demonstrated in the submitted documentation. Therefore, this request for CRP (C-reactive protein) is not medically necessary.

Vitamin D25-OH: Upheld

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

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: labtestsonline.org.

Decision rationale: The request for Vitamin D25-OH is not medically necessary. Per labtestsonline.org, a vitamin D test is used to determine if bone weakness, bone malformation or abnormal metabolism of calcium is occurring as a result of a deficiency or excess of vitamin D. It is also used to help diagnose or monitor problems with parathyroid gland functioning, to help monitor the health status of individuals with diseases that interfere with fat absorption, such as cystic fibrosis and Crohn's disease and to monitor people who have had gastric bypass surgery and may not be able to absorb enough vitamin D. This worker does not fall into any of the above categories. The need for a vitamin D test has not been clearly demonstrated. Therefore, this request for Vitamin D25-OH is not medically necessary.

Nucynta ER 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Nucynta ER 50 mg #60 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications requires detailed documentation showing pain relief, functional status, adverse side effects and appropriate medication use. The clinical information submitted for review failed to provide a detailed pain assessment showing objective evidence of efficacy in terms of quantifiable pain relief and functional improvement with the use of Nucynta. In addition, the documentation failed to address aberrant drug taking behaviors, and there was no indication that this worker had a recent urine drug screen with consistent results proving compliance with her medication regimen. In the absence of this information, the ongoing use of Nucynta is not supported by the guidelines. Moreover, the request failed to indicate the frequency of the requested medication. For the above reasons, the request for Nucynta ER 50 mg #60 is not medically necessary.

Pain Management Counseling QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7: Idependent Medical Consultations, Page 127.

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

Decision rationale: The request for pain management counseling QTY: 4 are not medically necessary. Per the Official Disability Guidelines (ODG), the criteria for pain management programs to be considered medically necessary, the following circumstances must exist. The injured worker has a chronic pain syndrome, with evidence of loss of function that persists beyond 3 months, and has evidence of 3 or more of the following: excessive dependence on healthcare providers, spouse or family; secondary physical deconditioning due to disuse and/or fear avoidance of physical activity due to pain; withdrawal from social activities or normal contact with others, including work, recreation or other social contexts; failure to restore pre-injury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; development of psychosocial sequela that limit function or recovery after the initial incident, including anxiety, fear avoidance, depression, sleep disorders, or nonorganic illness behaviors; the diagnosis is not primarily a personality disorder or psychological condition and there is evidence of continued use of prescription pain medications without evidence of improvement in pain or function. There is no evidence in the submitted documentation that this worker falls into any of the above categories. The clinical information submitted failed to meet the evidence based guidelines for chronic pain programs. Therefore, this request for pain management counseling QTY: 4 are not medically necessary.