

<b>Case Number:</b>	CM14-0078889		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Illinois. 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 67-year-old male who reported an injury on 07/30/2007. The mechanism of injury was not provided. The injured worker was noted to have laboratory studies ordered on 08/29/2012, including an EIA 9, TSH, hydrocodone, morphine, and urinalysis. The injured worker's medications were noted to include Norco 10/325 one to 2 four times a day as needed 8 every day maximum and Dilaudid 4 mg 1 to 2 by mouth during the night. There was a detailed Request for Authorization submitted for a complete urinalysis, TSH, EIA-9, chem 19, morphine free unconjugated, total testosterone, amitriptyline, CBC with diff and platelets, and oxycodone and metabolite serum. The note dated 05/07/2014 revealed the injured worker had musculoskeletal pain radiating to the left arm. The injured worker was noted to have pain without medications of an 8/10 and with medications 5/10. With medications, the injured worker was able to struggle but fulfilled daily home responsibilities. There was no outside activity and the injured worker was not able to work or volunteer. Without medications, the injured worker was able to get dressed and perform minimal activities at home. The injured worker underwent a carpal tunnel release in 1986 and a neck surgery in 2008. The injured worker's prior treatments included medications and epidural steroid injections. The injured worker's current medications were noted to include tizanidine hydrochloride 6 mg 1 by mouth at bedtime as needed for muscle spasms, Lyrica 100 mg 2 capsules by mouth 3 times a day, oxycodone hydrochloride 15 mg 1 tablet by mouth every 4 to 6 hours as needed for pain, omeprazole 20 mg 1 by mouth 4 times a day, and amitriptyline hydrochloride 25 mg 1 at bedtime. The physical examination revealed the injured worker had cervical root tenderness to palpation. The injured worker had maximum tenderness in the cervical root, radicular pain, left shoulder, left arm, facet, and trapezius. The injured worker's axial compression test was positive. The injured worker had decreased sensation in the deltoid patch, lateral forearm, first web space, middle finger, medial forearm, and medial

arm on the left. The diagnosis included spinal stenosis in the cervical region, cervical radiculopathy, cervical failed back surgery syndrome, chronic pain due to trauma, and sleep disturbance. The injured worker was noted to be status post cervical spinal cord stimulator permanent implant with 50% improvement of symptoms in the arm. The injured worker was complaining about increased left forearm cramping. The injured worker was noted to be taking Lyrica for severe neuropathic pain in the form of acute and chronic radiculopathies associated with injury. A renewal of the medications was made and the request was made for the laboratory studies. There was a detailed Request for Authorization submitted to support the requests.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Oxycodone and Metabolites Serum Lab: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documentation of issues of addiction, abuse, or poor pain control. However, as the California MTUS Guidelines do not specifically address serum confirmation for medications, secondary guidelines were sought. The Official Disability Guidelines indicate that injured workers should have a risk stratification for abuse. Additionally, they indicate if a urine drug test is positive for a non-prescribed scheduled drug or illicit drug, lab confirmation is strongly recommended. The clinical documentation submitted for review indicated the injured worker had urine drug screens. There was a lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had a urine drug screen that was positive for a nonprescribed scheduled drug. There was a lack of documented rationale for the requested testing. Additionally, the documentation indicated the injured worker had previous testing in 2012. The results of that testing were not provided for review. Given the above, the request for oxycodone and metabolite serum lab is not medically necessary.

#### **(TSH) thyroid - stimulating hormone lab: 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: <http://labtestsonline.org/understanding/analytes/tsh/>.

**Decision rationale:** Per Lab Tests Online, thyroid stimulating hormone testing is to screen for and help diagnose thyroid disorders and to monitor the treatment of hypothyroidism or hyperthyroidism. The clinical documentation submitted for review indicated the injured worker had previously undergone the testing in 2012. There was a lack of documentation indicating the injured worker had signs or symptoms of thyroid issues. There was a lack of documented rationale for the requested procedure. Given the above, the request for (TSH) thyroid - stimulating hormone lab is not medically necessary.

**1EIA 9 W/GCMS 4/Fentanyl/Meperidine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documentation of issues of addiction, abuse, or poor pain control. However, as the California MTUS Guidelines do not specifically address serum confirmation for medications, secondary guidelines were sought. The Official Disability Guidelines indicate that injured workers should have a risk stratification for abuse. Additionally, they indicate if a urine drug test is positive for a non-prescribed scheduled drug or illicit drug, lab confirmation is strongly recommended. The clinical documentation submitted for review indicated the injured worker had urine drug screens. There was a lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had a urine drug screen that was positive for a non-prescribed scheduled drug. There was a lack of documented rationale for the requested testing. Additionally, the documentation indicated the injured worker had previous testing in 2012. The results of that testing were not provided for review. Given the above, the request for 1 EIA 9 with GCMS 4/Fentanyl/Meperidine is not medically necessary.

**Oxycodone HCL 15mg #165: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was, however, a lack of documentation of objective functional benefit. There was

documentation the injured worker had an objective decrease in pain from the medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for oxycodone hydrochloride 15 mg #165 is not medically necessary.

**Lyrica 100mg #180 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Neuropathic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of objective functional improvement and an objective decrease in pain of at least 30% to 50%. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. Given the above, the request for Lyrica 100 mg #180 with 4 refills is not medically necessary.

**Morphine free unconjugated lab:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documentation of issues of addiction, abuse, or poor pain control. However, as the California MTUS Guidelines do not specifically address serum confirmation for medications, secondary guidelines were sought. The Official Disability Guidelines indicate that injured workers should have a risk stratification for abuse. Additionally, they indicate if a urine drug test is positive for a non-prescribed scheduled drug or illicit drug, lab confirmation is strongly recommended. The clinical documentation submitted for review indicated the injured worker had urine drug screens. There was a lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had a urine drug screen that was positive for a non-prescribed scheduled drug. There was a lack of documented rationale for the requested testing. Additionally, the documentation indicated the injured worker had previous testing in 2012. The results of that testing were not provided for review. Given the above, the request for morphine free unconjugated lab is not medically necessary.

