

Case Number:	CM14-0089060		
Date Assigned:	07/23/2014	Date of Injury:	06/03/2008
Decision Date:	09/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48 year old male who had a work related injury on 06/03/08. The injured worker was treated with analgesic medications, lumbar laminectomy in 2009, adjunctive medications, psychotropic medications, opioid therapy, and apparent imposition of permanent work restrictions. It did not appear the claimant was working with permanent limitations in place. Progress note dated 05/21/14 the claimant reported pain ranging from 8/10 with medication to 9/10 without medication. He maintained that the medications were beneficial. Medication list included lidocaine, Catapres, Norco, Butrans, Chlorzoxazone, Neurontin, Abilify, Cymbalta, and Xanax. Prior utilization review on 05/27/14 was non-certified. The most recent clinical records submitted were from 2012, so the clinical information was obtained from the prior utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Oxycodone & Metabolite Serum, Acetaminophen, Gabapentin, Hydrocodone & Metabolite Serum: 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), Chronic Pain, Urine Drug Testing Topic.

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

Decision rationale: The request for Labs: Oxycodone & Metabolite Serum, Acetaminophen, Gabapentin, Hydrocodone & Metabolite Serum is not medically necessary. The clinical documentation submitted for review does not support the request. There is no current clinical information to approve the request for the labs. Based on the lack of current clinical information medical necessity has not been established.

Labs: Testosterone, Free and total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine testing of testosterone levels.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter. Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The request for Labs: Testosterone, Free and total is not medically necessary. The clinical documentation submitted for review does not support the request. There is no clinical evidence that the injured worker has signs hypogonadism secondary to chronic opioid use. Therefore medical necessity has not been established.

LC/MS/MS, Gamma Glutamyl Transferase (GGT): 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), Drug testing topic.

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

Decision rationale: The request for LC/MS/MS, Gamma Glutamyl Transferase (GGT) is not medically necessary. There is no current clinical information submitted for review that supports this request, therefore medical necessity has not been established.

TSH: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2012 Current medical Diagnosis and Treatment, page 1077.

Decision rationale: The request for TSH is not medically necessary. There is no current clinical information submitted for review that supports this request, therefore medical necessity has not been established.

Complete Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Algorithm 12-1.

Decision rationale: The request for Complete Urinalysis is not medically necessary. The clinical information submitted for review, demonstrates no rationale for the request of this test. Therefore, medical necessity has not been established.