

Case Number:	CM14-0094044		
Date Assigned:	08/08/2014	Date of Injury:	09/06/2007
Decision Date:	09/30/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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 patient is a 47 year old male injured on 09/06/07. The mechanism of injury is undisclosed. Diagnoses included dysuria, COAT, opioid induced constipation, depression/anxiety, neck pain, cervical spondylosis without myelopathy, chronic pain radiculopathy myalgia myositis, postlaminectomy syndrome lumbar spine status post fusion at L5 to S1. Clinical note dated 03/07/14 indicated injured patient presented complaining of low back and gluteal pain radiating to bilateral lower extremities. Medications included Morphine Sulfate (MS) Contin, Norco, Senna, Trazodone, Cymbalta, and topical analgesic. Physical examination revealed antalgic gait, coordination intact, ambulation with a cane, depressed affect, positive for anhedonia, suicidal ideation, and felt hopeless. Injured patient rated pain 6/10 with medication and 10/10 without. Previous full laboratory examinations on 10/18/13 were consistent with prescribed medications and within normal limits. The requested laboratory examinations, topical analgesic, and Trazadone were noncertified on 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Acetaminophen: 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: As noted in the Official Disability Guidelines, laboratory testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order laboratory tests should be guided by the injured patient's clinical history, comorbidities, and physical examination findings. The documentation indicated the injured patient underwent laboratory testing with normal findings on 10/018/13. There is no indication in the documentation the injured patient had a significant alteration in clinical status requiring additional evaluation. As such, the request for laboratory test for Acetaminophen is not medically necessary.

Labs: EIA 9 w/GCMS 4/Fentanyl/Meperidine: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point of contact screening two to three times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. There is no indication per the recent test performed and clinical documentation that the injured patient is considered moderate to high risk. As such, the request for lab test EIA 9 with GCMS 4/Fentanyl/Meperidine is not medically necessary at this time.

Labs: Testo, Free and Total, LC/MS/MS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers Compensation, 2013, Testosterone replacement in hypogonadism (related to opioids); Diagnosis of Hypogonadism: Clinical Assessments and Laboratory Test: Christina Carnegie, MB, BS, FFPM. Auxilium Pharmaceuticals, Inc. Norristown, PA.

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

Decision rationale: As noted in the Official Disability Guidelines, laboratory testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order laboratory tests should be guided by the injured patient's clinical history, comorbidities, and physical examination findings. The documentation indicated the injured patient underwent laboratory testing with normal findings on 10/018/13. There is no indication in the documentation the injured patient had a significant alteration in clinical status requiring additional evaluation. As such, the request for Labs: Testo, Free and Total, LC/MS/MS is not medically necessary.

Labs: Trazadone: 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 Drug testing Page(s): 43.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point of contact screening two to three times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. There is no indication per the recent test performed and clinical documentation that the injured patient is considered moderate to high risk. As such, the request for lab Trazadone is not medically necessary at this time.

Labs: Urine drug screen: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor

compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point of contact screening two to three times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. There is no indication per the recent test performed and clinical documentation that the injured patient is considered moderate to high risk. As such, the request for labs urine drug screen is not medically necessary at this time.

Labs: Hydrocodone and metabolites, serum: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point of contact screening two to three times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. There is no indication per the recent test performed and clinical documentation that the injured patient is considered moderate to high risk. As such, the request for labs Hydrocodone and metabolites, serum is not medically necessary at this time.

Labs: TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: As noted in the Official Disability Guidelines, laboratory testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order laboratory tests should be guided by

the injured patient's clinical history, comorbidities, and physical examination findings. The documentation indicated the injured patient underwent laboratory testing with normal findings on 10/018/13. There is no indication in the documentation the injured patient had a significant alteration in clinical status requiring additional evaluation. As such, the request for lab TSH is not recommended as medically necessary.

Labs: UDS: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point of contact screening two to three times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. There is no indication per the recent test performed and clinical documentation that the injured patient is considered moderate to high risk. As such, the request for labs UDS is not medically necessary at this time.

Ket/cyc/dic/gab/orp/tet (kcdgot). qty 1 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore

Ket/Cyc/Dic/Gab/Orp/Tet (KCDGOT). Quantity one with three refills is not medically necessary as it does not meet established and accepted medical guidelines.

Trazadone HCL, 50mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: As noted in the Official Disability Guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is also noted that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. As such, the request for Trazadone hydrochloride 50 milligrams quantity thirty is not medically necessary.