

Case Number:	CM14-0180239		
Date Assigned:	11/10/2014	Date of Injury:	09/20/1982
Decision Date:	03/04/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Connecticut

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 09/20/1982. The mechanism of injury was not submitted for review. The injured worker has diagnoses of myalgia, dysthymia, myositis, chronic pain, lumbar post laminectomy syndrome, insomnia, thoracic radiculitis, benign essential hypertension, lumbosacral spondylosis without myelopathy, acquired renal cystic disease, headache, low back pain, and sacroiliac joint inflammation. Past medical treatment consists of surgery, physical therapy, ESIs, and medication therapy. Medications consist of hydrochlorothiazide, Lisinopril, levothyroxine, Buspirone, Zovirax, diazepam, Zoloft, Temazepam, Premarin, etodolac, Flexeril, and tramadol. On 09/30/2014, a urinalysis and drug screen was obtained, showing that the injured worker was compliant with prescription medications. On 09/30/2014, the injured worker complained of back pain. It was noted that the injured worker rated the pain without medications at a 6/10, 2/10 with medications, and at an intensity of 7/10. The review of systems revealed that the injured worker was negative for any issues with the respiratory system, cardio, GI, GU, endocrine, neuro, psych, and integumentary. Physical examination revealed that the injured worker was positive for spasm at the lumbar spine region. It was also noted that the injured worker had tenderness at the spinous and paraspinous region. Lateral flexion to the right was 20 degrees, to the left was 20 degrees, rotation to the right was 30 degrees, rotation to the left was 30 degrees, extension was 10 degrees, and flexion was 55 degrees. The medical treatment plan is for the injured worker to undergo an E1A9 with alcohol urine screen, Chem 19, CBC, GGT, serum/plasma screen, GCMS

screen, TSH test, and a urine drug screen. 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:

E1A9 with Alcohol-Rflx Urine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Labtestsonline.org (Alcoholism)

Decision rationale: The request for E1A9 with Alcohol-Rflx Urine is not medically necessary. 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. According to Labtestsonline.org, there are no definitive laboratory tests that can be used to identify alcoholism. According to the Substance Abuse and Mental Health Administration, the test for alcoholism include: Gamma-glutamyl transferase (GGT), a liver enzyme that is increased by heavy alcohol intake and also by many other conditions that affect the liver, Mean corpuscular volume (MCV), which measures the size of red blood cells; usually measured as part of a complete blood count (CBC) test; the MCV may increase over time in those who are heavy drinkers but may also be affected by many other conditions, Aspartate aminotransferase (AST) and alanine aminotransferase (ALT), enzymes that can indicate liver damage, which is often related to alcohol use and comprehensive metabolic panel (CMP) or liver panel, groups of tests that are used to evaluate organ and liver function. The injured worker was being prescribed opioids and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, there was no documentation that the injured worker was presenting herself in an intoxicated state during her office visits. She was not being treated for alcohol dependence and denied using alcohol. Furthermore, the submitted documentation did not include a rationale to warrant the request. The medical necessity of the request is unclear. As such, the request is not medically necessary.

Chem 19: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHEM 19 LAB TEST NSAID's Page(s): 70.

Decision rationale: The request for Chem 19 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal

function tests). The guidelines recommend measuring liver transaminase within 4 to 6 weeks after starting therapy, but the interval of repeating lab tests after this treatment has not been established. Routine blood pressure monitoring is; however, recommended. The documents included reports that the injured worker had been taking NSAIDs for several years. This request far exceeds the recommended 4 to 8 week time period the guidelines recommend after starting therapy. It was unclear when the laboratory monitoring was last performed. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

CBC (includes diff/plt): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBCNSAID's Page(s): 70.

Decision rationale: The request for CBC (includes diff/plt) is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminase within 4 to 6 weeks after starting therapy, but the interval of repeating lab tests after this treatment has not been established. Routine blood pressure monitoring is; however, recommended. The documents included reports that the injured worker had been taking NSAIDs for several years. This request far exceeds the recommended 4 to 8 week time period the guidelines recommend after starting therapy. It was unclear when the laboratory monitoring was last performed. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

GGT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic, Mayomedicallaboritories.com, Gamma-Glutamyltransferase (GGT), Serum test

Decision rationale: The request for a GGT is not medically necessary. According to the mayocliniclaboratories.com, GGT tests (gamma glutamyl transferaseserum tests) are used in diagnosing and monitoring hepatobiliary disease, it is currently the most sensitive and somatic indicator of liver disease. The submitted documentation did not indicate the provider felt that the injured worker was showing signs of liver disease. Additionally, there was no rationale submitted to warrant the request. Furthermore, there was no indication that the provider was requesting the test for diagnosing and monitoring of hepatobiliary disease. As such, the request is unclear and not medically necessary.

Cyclobenzaprine, serum/plasma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

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

Decision rationale: The request for Cyclobenzaprine, serum/plasma test is not medically necessary. 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. The injured worker is being prescribed opioids and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, the medical necessity for serum/plasma screening in the injured worker was not documented. Guidelines also state that patients at low risk of addiction and aberrant behavior should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. There was no submitted evidence to warrant a serum/plasma test. A serum/plasma test may be performed if there were inappropriate or unexpected results on a previous test. Given the above, the request as submitted is unclear. As such, the request is not medically necessary.

Tramadol (Ultram) Conf. by GCMS, SR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

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

Decision rationale: The request for Tramadol (Ultram) Conf. by GCMS, SR is not medically necessary. 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. The injured worker is being prescribed opioids and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, the medical necessity for tramadol confirmation by GCMS was not submitted for review. There was no indication in the submitted reports that the injured worker had presence of illegal drugs or aberrant drug taking behaviors. There was also no indication of the injured worker having prior drug screens with unexpected results. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.com, Thyroid-Stimulating Hormone (TSH) testing

Decision rationale: The request for TSH test is not medically necessary. According to WebMD, thyroid stimulating hormone testing is recommended to find out whether a patient's thyroid gland is working properly, to see if they are suffering from hyperthyroidism, find the cause of an underactive thyroid gland, keep track of treatment with thyroid replacement medications, and keep track of thyroid gland function in people who are being treated for hyperthyroidism. Given the above, the injured worker is not within recommended guideline criteria. There was no indication in the submitted documentation that the provider suspected any issues with the injured worker's thyroid gland. On physical examination, review of systems revealed that the injured worker had negative signs of chills, fatigue, fever, malaise, night sweats, weight gain, and weight loss. Additionally, there was no rationale submitted for review to warrant the request. As such, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

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

Decision rationale: The request for Urine Drug Screen is not medically necessary. 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. The submitted documentation did not indicate that the provider felt the injured worker had presence of illegal drugs or had any aberrant drug taking behaviors. Additionally, the injured worker did not show any signs of dependence or addiction. Furthermore, there was no rationale submitted to warrant the request. It was documented that the injured worker underwent a drug screen on 09/30/2014, showing that they were compliant with prescription medications. The injured worker is being prescribed opioids and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance, which is guideline supported. However, the medical necessity for quarterly urine drug screens for the injured worker is not documented. The guidelines state that patients at low risk of addiction and aberrant behavior should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Urinalysis Complete: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

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

Decision rationale: The request for Urinalysis Complete is not medically necessary. 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. The request for Urine Drug Screen is not medically necessary. 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. The submitted documentation did not indicate that the provider felt the injured worker had presence of illegal drugs or had any aberrant drug taking behaviors. Additionally, the injured worker did not show any signs of dependence or addiction. Furthermore, there was no rationale submitted to warrant the request. It was documented that the injured worker underwent a drug screen on 09/30/2014, showing that they were compliant with prescription medications. The injured worker is being prescribed opioids and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance, which is guideline supported. However, the medical necessity for quarterly urine drug screens for the injured worker is not documented. The guidelines state that patients at low risk of addiction and aberrant behavior should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.