

Case Number:	CM14-0186349		
Date Assigned:	12/12/2014	Date of Injury:	08/28/2000
Decision Date:	02/04/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 56-year-old male who has submitted a claim for acquired spondylolisthesis, lumbar intervertebral disc degeneration, depressive disorder, post-laminectomy syndrome, lumbar intervertebral disc without myelopathy, thoracic radiculitis, lumbar spinal stenosis, and sleep disturbance associated with an industrial injury date of 8/28/2000. Medical records from 2011 to 2014 were reviewed. The patient complained of persistent moderate-to-severe low back pain radiating to bilateral lower extremities. The pain was described as burning, deep, piercing, sharp, shooting and stabbing. Aggravating factors included ascending stairs, bending, changing positions, daily activities, jumping, lifting, and rolling. The pain was rated 10/10 in severity, and was relieved to 7/10 with medications. He had demonstrated meaningful improvement in function using validated instruments as well as quality of life. He was able to dress himself and perform minimal activities at home. Physical examination showed normal range of motion, strength, reflexes, coordination and gait. Surgical scars at midline lumbar area and horizontal scar below navel were seen. Progress report from 9/9/2014 cited discontinuation of Norco. The urine drug screen from 9/11/2014 showed inconsistent result with prescription medications. The patient had low free testosterone level based on a laboratory test in May 2014. The patient had normal CHEM 19 and urinalysis results on 5/5/2014. Treatment to date has included lumbar fusion in 2011, L5-S1 hardware removal on 3/19/2014, physical therapy, and medications such as Norco (since 2012), methadone (since September 2014), famotidine, ibuprofen, and Lyrica. The utilization review from 10/22/2014 modified the request for hydrocodone-acetaminophen 10/325 mg, #120 into #96 for the purpose of weaning because of no benefit in controlling pain or improving function; denied pain medicine functional restoration program due to insufficient information concerning total number of sessions post-operatively and its outcomes as well as the patient's motivation for the program; denied TSH because of no evidence of a thyroid disease;

denied methadone quant, GCMS, serum because of no evidence-based guideline to support such; denied CBC including DIFF/PLT because of no current prescription of NSAIDs and absence of findings suggestive of anemia; denied CHEM 19 because of no change in health status to warrant repeat testing; denied EIA9 with alcohol and RFLX urine because of no evidence that the patient had a positive dipstick requiring follow-up; denied urinalysis because of no change in the health status to warrant repeat testing; denied testosterone free LC/MS/MS because the patient was known to have low testosterone levels since May 2014 without any treatment given; denied acetaminophen serum because of no evidence-based guideline for such test; and denied hydrocodone and metabolite, serum because of no guideline recommendation to support the test among chronic pain patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #120: 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 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Norco since 2012. The pain was rated 10/10 in severity and relieved to 7/10 with medications. He had demonstrated meaningful improvement in function using validated instruments as well as quality of life. He was able to dress himself and perform minimal activities at home. However, the urine drug screen from 9/11/2014 showed inconsistent result with prescription medications. Moreover, progress report from 9/9/2014 cited discontinuation of Norco. There is no compelling rationale for certifying the request at this time. Therefore, the request for hydrocodone-acetaminophen 10/325mg #120 is not medically necessary.

TSH: 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: American Association for Clinical Chemistry (AACC), TSH

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that TSH is tested to diagnose a thyroid disorder in a person with symptoms; monitor thyroid replacement therapy in people with hypothyroidism and occasionally help evaluate the function of the pituitary gland. In this case, there is no documented rationale concerning monitoring of TSH level. There is no evidence of a thyroid disorder to warrant such. Therefore, the request for TSH is not medically necessary.

Methadone quant, GCMS, serum: 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: Methadone Dose in the Treatment of Opiate Dependence, Medscape Psychiatry; Mental Health Journal

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, articles from Medscape Psychiatry and Mental Health Journal were used instead. Although routine determination of serum levels may not be necessary for most patients, there are some individuals who have inadequate plasma concentrations despite high methadone doses. There is a correlation between "poor performance" in methadone treatment and lower trough levels of methadone. However, a study reported that a trough level of 100ng/mL is adequate for effective maintenance and that performance in treatment is independent of serum levels above this threshold. The investigators confirmed the usefulness of monitoring serum levels in some patients, especially those using enzyme-inducing drugs such as phenobarbital, phenytoin, and carbamazepine. In this case, the patient is prescribed methadone for chronic pain. However, there is no documented rationale for serum methadone testing. The patient does not meet criteria to warrant such. Therefore, the request for methadone quant, GCMS, serum is not medically necessary.

CBC includes DIFF/PLT: 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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature

concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, current medications include methadone (since September 2014), famotidine, ibuprofen, and Lyrica. However, there is no documented indication or rationale presented that may support the request. Therefore, the request for CBC includes DIFF/PLT is not medically necessary.

Chem 19: 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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, current medications include methadone (since September 2014), famotidine, ibuprofen, and Lyrica. However, there is no documented indication or rationale presented that may support the request. The Chem 19 result from 5/5/2014 is normal. Therefore, the request for Chem 19 is not medically necessary.

EIA9 with alcohol and RFLX urine: 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 Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state, that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medications include methadone (since September 2014), famotidine, ibuprofen, and Lyrica. EIA9 with alcohol and RFLX urine testing was performed on 5/5/2014 showing appropriate results. However, the urine drug screen from 9/11/2014 showed inconsistent result with prescription medications. The medical necessity for assessing presence of aberrant drug behavior has been established. However, it is unclear why a simple urine drug screen cannot suffice at this time. Therefore, the request for EIA9 with alcohol and RFLX urine is not medically necessary.

Urinalysis complete: 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 Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state, that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, the urine drug screen from 9/11/2014 showed inconsistent result with prescription medications. However, there is no documented rationale for requesting complete urinalysis. The complete urinalysis performed on 5/5/2014 showed absence of hematuria, proteinuria and infection. There is no discussion concerning the significance for repeat testing at this time. The patient has no complaints pertaining to the urinary system to warrant a complete urinalysis. It is unclear why a simple urine drug screen cannot suffice. Therefore, the request for urinalysis is not medically necessary.

Testosterone free LC/MS/MS: 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 Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient is on chronic opioid therapy and has been known to have low testosterone levels since 5/5/2014 laboratory testing. However, there has been no management response concerning the issue. There is no assessment concerning possible presence of symptoms and physical exam findings pertaining to hypogonadism. Therefore, the request for testosterone free LC/MS/MS is not medically necessary.

Acetaminophen serum: 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 Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient is on chronic Norco therapy since 2012. However, progress report from 9/9/2014 cited discontinuation of Norco. There is no compelling rationale for certifying testing of acetaminophen level at this time. Therefore, the request for acetaminophen serum is not medically necessary.

Hydrocodone and Metabolite, serum: 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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient is on chronic Norco therapy since 2012. However, progress report from 9/9/2014 cited discontinuation of Norco. There is no compelling rationale for certifying testing of hydrocodone level at this time. Therefore, the request for hydrocodone and metabolite serum is not medically necessary.