

Case Number:	CM14-0198643		
Date Assigned:	12/08/2014	Date of Injury:	06/27/2003
Decision Date:	02/11/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 27, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; multiple lumbar spine surgeries, including 1986, 1987, and 2005; earlier shoulder surgery; a spinal cord stimulator implantation in 2012; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for serum drug testing, Percocet, lidocaine, and urinalysis. The claims administration also failed to approve a motorized scooter, it is incidentally noted. The applicant's attorney subsequently appealed. In a November 24, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had various comorbidities including diabetes, hypertension, and alleged renal failure. The applicant did not appear to be working with permanent limitations in place. 7/10 pain was noted without medications versus 4/10 with medications. The attending provider stated, however, that the applicant was having difficulty negotiating stairs, bending, lifting, and twisting, despite ongoing pain medication consumption. The applicant also attributed some pain reduction to recent epidural block. The attending provider contended that the applicant would only be able to perform minimal activities at home without his medications. The attending provider stated that the applicant would not be able to perform his household chores without his medications. The applicant's medications including lovastatin, Glipizide, metformin, MiraLax, Pepcid, vitamin B12, insulin, Lopressor, aspirin, Lasix, Zestril, topical compounded agents, Morphine, Tizanidine, Percocet, and Lidoderm. The applicant's urology review of systems was negative for any issues with urinary frequency, urinary retentions, or urinary incontinence. The applicant was severely obese, with a BMI of 58, it was stated. Multiple medications were renewed. The note was very difficult to

follow and mingled historical issues with current issues. The attending provider noted that the applicant noted that the applicant was performing only minimal activities, at best, either with or without medications. Repeat epidural steroid injection was seemingly sought while permanent work restrictions were renewed. The applicant exhibited an antalgic gait, it is incidentally noted, but did not appear to be using a cane, crutch, or other assistive device. On October 18, 2014, the attending provider stated that he was seeking authorization for quantitative serum blood levels of various prescribed medications. The note compromised almost entirely of template citations, with little-to-no narrative commentary and applicant-specific information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: 1. No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged from visit to visit. The attending provider acknowledged on November 24, 2014, that the applicant's ability to perform activities of daily living was minimal, with and/or without medications. While the attending provider did cite some reduction in pain scores achieved as a result of ongoing medication usage, these are, however, outweighed by the applicant's seeming failure to return to work and the attending provider's continued comments that the applicant is having difficulty performing activities of daily living as basic as negotiating stairs, bending, lifting, twisting, performing household chores, etc. Therefore, the request was not medically necessary.

Morphine Sulfate ER 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: 2. Similarly, the request for morphine, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or

reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, although it is acknowledged that this may, in part, be a function of the applicant's age (71) as opposed to a function of the industrial injury. Nevertheless, the fact that the attending provider continues to renew permanent work restrictions from visit to visit, the fact that the applicant is having difficulty performing household chores, with and/or without medications, and that the fact that the applicant is having difficulty performing activities of daily living as basic as bending, lifting, twisting, and/or negotiating stairs, taken together, outweighs the reported reduction in pain scores the applicant is deriving with ongoing opioid therapy and does not, moreover, make a compelling case for continuation of morphine. Therefore, the request was not medically necessary.

Lab: Acetaminophen: 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 based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Opioids Chapter Diagnostics and Monitoring section.

Decision rationale: 3. The request for a [serum] acetaminophen level was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The Third Edition ACOEM Guidelines Opioids Chapter notes, however, that urine is the specimen which is "most commonly assayed" during drug testing. ACOEM goes on to establish some limited role for hair testing, but does not establish any role for non-standard serum drug testing, including the serum acetaminophen level seemingly being sought here. The attending provider, furthermore, failed to outline any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Lab: Gamma- Glutamyl Transferase: Overturned

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 NSAIDs, Specific Drugs List and Adverse Effects Page(s): 70.

Decision rationale: 4. Conversely, the request for a serum gamma-glutamyltransferase (GGT) was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an applicant's hematologic, renal, and hepatic function is recommended in those individuals using NSAIDs. Here, the applicant was described as using Aspirin and NSAID on November 24, 2014. The applicant was also using a variety of other compounds processed in the liver and kidneys,

including Zestril, Lasix, Percocet, etc. The applicant apparently has a history of diabetes, hypertension, and a prior episode of acute renal failure. The assessment of the applicant's hepatic function via the GGT test at issue was/is indicated. Therefore, the request was medically necessary.

Lab: Morphine-Serum "Valencia": 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 based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Opioids Chapter, Diagnostics and Monitoring section.

Decision rationale: 5. Conversely, the request for a serum morphine level was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The Drug Testing ACOEM Guidelines Opioids Chapter notes that urine is the specimen, which is "most commonly assayed." While ACOEM goes on to establish a limited role for hair specimen drug testing in certain individuals, ACOEM does not, however, espouse any particular role for the serum drug testing such as the serum morphine value at issue. The attending provider did not furnish any compelling applicant specific rationale, which would support non-standard serum morphine testing in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Lab: Urinalysis, Complete: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Algorithm 12-1, 311.

Decision rationale: 6. Similarly, the request for a complete urinalysis was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311, does recommend urinalysis in applicants in whom there are red flags for cancer and/or infection present, in this case, however, there were no such red flags for cancer and/or infection present on the office visits in question. The applicant explicitly denied any issues with dysuria, polyuria, or other signs of urinary tract infection on a November 24, 2014, progress note referenced above. Similarly, an October 18, 2014, report also made no mention to any issues with dysuria, polyuria, and/or hematuria, which would have compelled the urinalysis at issue. Therefore, the request was not medically necessary.

Lidocaine patch 5% #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: 7. Finally, the request for lidocaine patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, neither a report dated October 18, 2014 nor a progress note dated November 24, 2014, contained any references to anticonvulsant adjuvant medications and/or antidepressant adjuvant medications having been tried and/or failed here. The applicant has, furthermore, received and used the lidocaine patches at issue for sometime, despite the seemingly unfavorable MTUS position on the same in the clinical context present here. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through such usage. The applicant remains off of work, permanent work restrictions remain in place, unchanged, from visit to visit. Ongoing usage of Lidoderm patch has failed to curtail the applicant's dependence on opioid agents such as morphine and/or Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of lidocaine. Therefore, the request was not medically necessary.