

Case Number:	CM14-0206130		
Date Assigned:	12/18/2014	Date of Injury:	01/22/2005
Decision Date:	02/12/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker is a 31 year-old male who was originally injured on 1/22/2008 and subsequently developed chronic cervalgia, bilateral upper extremity radicular pain, recurrent myofascial strain, and is status post bilateral carpal tunnel release. Current medications include Norco 1 tablet twice a day and Lyrica 50mg two tablets twice a day. Follow up evaluation recommended laboratory testing, including a CBC, CHEM 19, urinalysis (complete) and testosterone level, which were authorized, and also acetaminophen level, EIA9 with alcohol-RFLX urine, TSH, hydrocodone and metabolite, LC/MS, MS, which were not authorized. The request for this laboratory analysis was then submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen, EIA9 with alcohol-RFLX urine, TSH, Hydrocodone & Metabolite, LC/MS, MS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Acetaminophen; Opioids, criteria for use; Testosterone replacement for hypogonadism Page(s):
11-

Decision rationale: Periodic laboratory testing is indicated with chronic medication usage. EIA 9 is a urine study for drugs of abuse, including Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolites, Marijuana Metabolites, Methadone, Opiates, Phencyclidine, and Propoxyphene. The documentation available for review states that the patient has a history of cannabis dependence in remission. Given the history of drug abuse, and the current utilization of Norco, an opioid/acetaminophen compound, periodic testing for drugs of abuse is indicated. The utilization review record made note of the necessity of testing, but denied authorization for the EIA 9 drug screen. This may have been a misunderstanding of the testing as written. TSH is a test for thyroid-stimulating hormone. MTUS guidelines do not support periodic testing of TSH in the management of chronic pain. Per the records available for review, the progress notes do not indicate the reasoning behind this request. Thyroid disease is known to play a role in carpal tunnel disease and rarely may lead to other peripheral neuropathy, but the available records do not clearly address the reasoning behind this requested laboratory test. Hydrocodone and metabolite would test for the presence of hydrocodone and its metabolites in the urine. This is accomplished by the urine drug screen and specific testing of metabolites plays no roll in management of chronic pain. LC/MS, MS testing is not clearly defined, but upon further review of documents submitted for review, it appears to actually be a part of the testosterone testing request, and likely refers to liquid chromatography-mass spectrometry. Since the utilization review approved testosterone testing, which may be recommended in an injured worker who is taking high-dose long-term opioids, it is unclear why this was considered a separate order. Acetaminophen level would randomly demarcate the presence of acetaminophen in the blood. While it may play a role in acute overdose, there is no utility to a random acetaminophen level in the management of chronic pain and it is not supported by the MTUS guidelines. The request has some testing that may be supported by the MTUS guidelines, and while some of the requests may be indicated, the request submitted to independent medical review was for all testing, some of which are not supported by the MTUS guidelines. As such, the request is not supported by the MTUS guidelines and is therefore not medically necessary.