

Case Number:	CM14-0209549		
Date Assigned:	12/22/2014	Date of Injury:	12/29/2001
Decision Date:	03/10/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old male who got injured on 12/29/2001. He was reportedly a passenger in a company truck that was travelling the wrong way on the highway and collided with another truck. The injured worker reports that he briefly lost consciousness, he was taken to a hospital by ambulance and was hospitalized for 6 weeks and managed for fractured cervical spine, left sided ribs, lumbar spine including surgically. He was aware of only 2 weeks of his hospital stay and underwent multiple imaging studies. On 4/28/2014, he followed up with his treating physician for moderate to severe low back pain, he is only able to perform his ADL's when on medications, which include norco, flexeril, lidoderm patch, seroquel was helpful for sleep and prevacid was necessary for the prevention of GERD symptoms. His physical exam was positive for antalgic gait, ambulating with a single point cane, moderate thoracolumbar para-spinal spasm, DTR's, motor and sensory exam were stable. His diagnoses include incomplete spinal cord injury, multiple vertebrae fracture post fusion, chronic pain syndrome/opiate dependent. His treatment plan consisted of Norco 10/325mg 2 tabs every 4 hours #300, Lidoderm 5% patches #90 3 refills, prevacid 30mg # 90, Seroquel 100mg #30 6 refills, flexeril 5 mg # 90 6 refills, CBC, CMP, TSH, lipids, UA, vitamin D 25-OH to discern effects of medication. UR dated 11/12/2014 denied most of the requests except for the prevacid. The request for IMR is for all of the above listed medications with the exception of prevacid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, opioids should be continued if the patient has returned to work, has improved functioning and pain. Long term users of opioids should be periodically reassessed and there should be documentation of pain and functional improvement compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. A review of the injured workers medical records reveal that he has been on opioids for many years, is now opioid dependent and does not appear to be having a satisfactory response to treatment and therefore based on the injured workers clinical status and the guidelines the request for Norco 10/325mg #300 is not medically necessary.

Lidoderm 5% #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Per the MTUS, Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy tricyclic or SNRI antidepressants or an AED such as gabapentin or lyrica. This is not a first line treatment and is only FDA approved for post-herpetic neuralgia, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. A review of the injured workers medical records does not reveal a failed trial of first line therapy and therefore the request for Lidoderm 5% #90 with 3 refills is not medically necessary.

Flexeril 5mg #90 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS, Flexeril is recommended as an option using a short course of therapy, it is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better, treatment should be brief, therefore based on this guideline the request for Flexeril 5mg #90 with 6 refills is not medically necessary.

Seroquel 100mg #90 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and Stress, Quetiapine (Seroquel).

Decision rationale: Seroquel is an antipsychotic indicated for the management of schizophrenia and bipolar disorder. The use of antipsychotics in the management of chronic pain or insomnia is not addressed in the MTUS. Per the ODG Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. A review of the injured workers medical records does not reveal a trial of first line therapy for chronic pain related insomnia and therefore the request for Seroquel 100mg # 90 with 6 refills is not medically necessary.

Complete Blood Count (CBC): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The MTUS, ACOEM and ODG do not specifically address the use of lab monitoring in the management of chronic pain except for when the patient is on NSAIDs. Per the MTUS, package inserts for NSAID's recommend periodic lab monitoring of a CBC and chemistry panel including liver and renal function tests. However a review of the injured workers medical records does not show that he is currently on any NSAID's therefore the request for Complete Blood Count (CBC) is not medically necessary.

Comprehensive Metabolic Panel (CMP): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The MTUS, ACOEM and ODG do not specifically address the use of lab monitoring in the management of chronic pain except for when the patient is on NSAIDs. Per the MTUS, package inserts for NSAID's recommend periodic lab monitoring of a CBC and chemistry panel including liver and renal function tests. However a review of the injured workers medical records does not show that he is currently on any NSAID's therefore the request for comprehensive metabolic panel (CMP) is not medically necessary.

Thyroid Stimulating Hormone (TSH): 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 NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The MTUS, ACOEM and ODG do not specifically address the use of lab monitoring in the management of chronic pain except for when the patient is on NSAIDs. Per the MTUS, package inserts for NSAID's recommend periodic lab monitoring of a CBC and chemistry panel including liver and renal function tests. There however no recommendation for the use of thyroid stimulating hormone (TSH). A review of the injured workers medical records does not reveal any indication for monitoring of his TSH and therefore the request for TSH is not medically necessary.

lipids test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wilkinson J, Bass C, Diem S, Gravley A, Harvey L, Maciosek M, Mckeon K, Milteer L, Owens J, Rothe P, Snellman L, Solber L, Vincent P. Preventive services for adults. Bloomington (MN): Institute for clinical systems improvement sep. 1077p

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The MTUS, ACOEM and ODG do not specifically address the use of lab monitoring in the management of chronic pain except for when the patient is on NSAIDs. Per the MTUS, package inserts for NSAID's recommend periodic lab monitoring of a CBC and chemistry panel including liver and renal function tests. However a review of the injured workers medical records does not show that he is currently on any NSAID's in addition there is no documented indication for performing a lipid test and therefore the request for lipid test is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates, steps to avoid misuse/addiction.

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

Decision rationale: Per the MTUS drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. It is used before a therapeutic trial of opioids, for ongoing management to differentiate between dependence and addiction, and avoid misuse and addiction. A review of the injured workers medical records show that he is opioid dependent, however the request for urinalysis does not specify if this is a urine drug test and therefore the request for urinalysis is not medically necessary.

Vitamin D 25-OH test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Medical Services Commission. Vitamin D test protocol. Victoria (BC): British Columbia Medical Services Commission, 2010 Oct 1. 6p

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The MTUS, ACOEM and ODG do not specifically address the use of lab monitoring in the management of chronic pain except for when the patient is on NSAIDs. Per the MTUS, package inserts for NSAID's recommend periodic lab monitoring of a CBC and chemistry panel including liver and renal function tests. However a review of the injured workers medical records does not show that he is currently on any NSAID's and there does not appear to be any indication for monitoring his vitamin D levels therefore the request for Vitamin D 25-OH test is not medically necessary.