

Case Number:	CM14-0219092		
Date Assigned:	01/07/2015	Date of Injury:	05/11/2006
Decision Date:	04/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York
 Certification(s)/Specialty: Emergency 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 51 year-old male who has reported mental illness and widespread pain after a contusion and crush injury on May 11, 2006. The 36 current diagnoses have included cervical disc herniation, spondylitic cord compression, C5-6 spondylosis, disc herniation, bilateral frozen shoulder, cervical tension headache, mild depression/anxiety, and gastric reflux. Treatment to date has included cervical fusion on 7/10/14, medication, trigger point injections, physical therapy, chiropractic therapy and aquatic therapy. The current treating physician sees the injured worker periodically and the reports are stereotyped with much of the same information from report to report. There are generic references to pain relief and functional improvement without specific information about specific activities or specific patterns of use and benefit for each medication. The treating physician routinely and periodically orders a long list of tests like those now under Independent Medical Review without sufficient rationales. Past tests are listed in the reports without any discussion of the results. The records include reports of blood tests on 11/26/14, the tests that were prescribed on 11/21/14. There were minor abnormalities that were not discussed in any of the available records, including the report of 12/22/14. The urine drug screen had a low value for clonazepam, not discussed by the treating physician. The drug screen assayed drugs with no apparent relevance to this injured worker. Per the PR2 of 11/21/14, there was pain in the back, gluteal area, arms, legs, neck and thighs. Unspecified medications provide pain relief from 8/10 to 6/10. There was regional tenderness of the neck with limited range of motion. The medication list included tramadol, Robaxin, Klonopin one daily, and gabapentin. Klonopin was prescribed every 2 months and was stated to be for

anxiety, insomnia, and muscle tension. The treatment plan included most of the tests now under Independent Medical Review. There was no work status. A urine drug screen of that date, apparently an in-office screen, was negative for all drugs tested, including benzodiazepines and opioids. There was no discussion of this result. An Independent Medical Review of 10/27/14 upheld a Utilization Review denial of Klonopin, a UA, testosterone level, TSH, Klonopin level, gabapentin level, and baclofen level. Independent Medical Reviews of 10/13/14 and 9/15/14 had similar decisions. On December 17, 2014, Utilization Review partially certified Klonopin 2 mg #180. A urine drug screen was certified. Gabapentin test, CBC, Chem 19, E1A9 with alcohol and 'reflux' urine, Urinalysis Microscopic, testosterone test, free and total LC/MS/MS, were non-certified. The MTUS, Medscape Reference, and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg QTY #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Muscle Relaxants. Benzodiazepines Page(s): 24, 66.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. None of the reports describe the specific pattern and results of use. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The negative drug tests were not discussed. The quantity prescribed significantly exceeds the expected quantity given the treating physician statement that Klonopin is taken once daily. Klonopin have been prescribed chronically, not short term as recommended in the MTUS. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

Chem 19 Lab: 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)-Pain chapter.

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

Decision rationale: None of the reports address the specific medical necessity for this test (which is a group of tests which assess multiple organ systems) for this injured worker. None of the reports discuss the prior blood chemistries. It is therefore speculative as to the medical necessity. There are many possible indications for this testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is

not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.

Complete Blood Count (CBC): 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)-Pain chapter.

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

Decision rationale: None of the reports address the specific medical necessity for this test for this injured worker. None of the reports discuss the prior blood chemistries. The reports do not discuss the results of prior tests of the same kind. It is therefore speculative as to the medical necessity. There are many possible indications for this testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.

EIA9 with alcohol and reflux urine: 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)-Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction. Urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Opioid contracts: (9) Urine drug screens may be required Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80,94,43,77,78,89,94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use and Other Medical Treatment Guidelines Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: The treating physician has not discussed this test, the request for which is rather cryptic. It appears to be a qualitative urine screening test, presumably for drugs and alcohol, followed by a 'reflux' confirmation testing, presumably at an outside laboratory. However, this is conjecture. In order to accurately determine medical necessity, the treating physician would need to provide a better description of this testing. If it is a urine drug screen, there would need to be an explanation for 'reflex' confirmation rather than confirmation of specific results as indicated by the initial result. And the treating physician has not previously

prescribed drug tests according to the cited guidelines and has not properly addressed the results of those tests. As it stands now, this is a request for a non-specific test and it is not medically necessary based on lack of a sufficient account of the content and indications.

Clonazepam: 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)-Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. None of the reports describe the specific pattern and results of use. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The negative drug tests were not discussed. No quantity was prescribed, which potentially implies indefinite use and an indefinite dosage. Unspecified prescribing is not indicated per the MTUS. Klonopin have been prescribed chronically, not short term as recommended in the MTUS. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

Gabapentin QTY #1: 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)-Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs. Medication trials Page(s): 16-21, 60.

Decision rationale: This request is unclear and the medical necessity cannot be established from a request which appears to be for one pill of gabapentin or for an unspecified test for gabapentin. If the request is for a test, the kind of test would have to be specified (urine vs blood). If the request is for gabapentin to treat a condition, there is no dose specified. Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a 'good' response per the MTUS. Gabapentin as treatment is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date. Gabapentin as a test is not medically necessary due to the lack of a specific request.

Urinalysis Microscopic QTY#1: 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)-preoperative testing.

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

Decision rationale: None of the reports address the specific medical necessity for this test for this injured worker. None of the reports discuss the medical necessity for the prior urine tests. The reports do not discuss the results of prior tests of the same kind. It is therefore speculative as to the medical necessity. There are many possible indications for this testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.

Testo, free and total LC/MS/MS QTY #1: 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)-Preoperative testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: None of the reports address the specific medical necessity for this test for this injured worker. None of the reports discuss the medical necessity for the prior similar tests. The reports do not discuss the results of prior tests of the same kind. It is therefore speculative as to the medical necessity. There are many possible indications for this testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.