

Case Number:	CM14-0035585		
Date Assigned:	07/23/2014	Date of Injury:	04/12/2007
Decision Date:	04/21/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old male who reported an injury on 01/12/2007. The mechanism of injury was not specifically stated. The injured worker is diagnosed with cervical strain, obstructive sleep apnea, obesity, hypertension, sleep disturbance, hyperthyroidism, urinary hesitancy, degeneration of lumbar intervertebral disc, myalgia/myositis, constipation, anxiety, insomnia, cervical degenerative disc disease, thoracic or lumbosacral radiculopathy, low back pain, lumbar postlaminectomy syndrome, facet arthropathy, neck pain, depression, knee pain, cervical radiculopathy, and chronic pain syndrome. The injured worker presented on 02/14/2014 for a follow-up evaluation with complaints of worsening pain over multiple areas of the body. The injured worker also reported numbness and tingling. The current medication regimen includes aspirin, vitamin B12, Klonopin 0.5 mg, lisinopril, lovastatin, Lunesta, Neurontin, Percocet, Seroquel, and trazodone. Upon examination, there was intact coordination, negative weakness, and an appropriate mood and affect. Recommendations included several laboratory studies, as well as continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of significant functional improvement. Additionally, the request as submitted failed to indicate a frequency. Given the above, the request is not medically necessary.

Klonopin 0.5mg Quantity 60: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven and there is a risk of dependence. The injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. Additionally, the California MTUS Guidelines do not support long term use of benzodiazepines. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

1 Acetaminophen Serum: 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 Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

1 Aspirin serum: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

1 CBC with Diff: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

1 Chem 19: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat

testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

1 EIA 9: 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 Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

1 free Testosterone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement related to Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

Decision rationale: California MTUS Guidelines recommend testosterone replacement in limited circumstances for patients taking high dose long term opioids, with documented low testosterone levels. Routine testing of testosterone levels in men taking opioid is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term high dose oral opioids or intrathecal opioids, and exhibit signs or symptoms of hypogonadism such as gynecomastia. In this case, the injured worker did not demonstrate any signs or symptoms suggestive of hypogonadism or gynecomastia. Given that the routine testing of testosterone levels is not recommended by the California MTUS Guidelines, the request would not be supported. As such, the request is not medically necessary in this case.

1 Gabapentin serum: 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 Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend gabapentin for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has also been considered as a first line treatment for neuropathic pain. The guidelines do recommend an initial daily regimen of 300 mg with a slow titration thereafter, as well as weaning prior to abrupt discontinuation of this medication. However, there are no guideline recommendations to support the necessity for serum laboratory testing. As the medical necessity has not been established in this case the request is not medically necessary.

1 GGTP: 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 California MTUS/ACOEM Practice Guidelines did not specifically address the requested laboratory test. Official Disability Guidelines did not specifically address the requested laboratory test. www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014. The gamma-glutamyl transferase (GGT) test may be used to determine the cause of elevated alkaline phosphatase (ALP). A GGT test may be ordered when someone has an elevated ALP level. An ALP test may be ordered alone or as part of a routine liver panel to screen for liver damage even if no symptoms are present. GGT may be ordered along with or as a follow up to other liver function tests when a person has signs or symptoms that suggest liver disease.

Decision rationale: The gamma glutamyl transferase test may be used to determine the cause of elevated alkaline phosphatase. A GGT test may be ordered when a patient has an elevated ALP level. An ALP test may be ordered alone or as part of a routine liver panel to screen for liver damage even if no symptoms are present. In this case, there was no indication that this injured worker presented with any signs or symptoms suggestive of an abnormality. The medical necessity for the requested gamma glutamyl transferase testing has not been established in this case. As such, the request is not medically necessary.

1 Klonopin serum: 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 Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines. It is noted that a tolerance to hypnotic effects may develop. There are no guideline recommendations for serum laboratory testing of Klonopin. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

1 Oxycodone serum: 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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines recommend a therapeutic trial of opioids. A slow titration is recommended. Monitoring of adverse effects is also recommended. However, there are no guideline recommendations for routine serum laboratory testing of opioid levels. Therefore, the medical necessity has not been established in this case. As such, the request is not medically necessary at this time.

1 Trazodone 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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: According to the Official Disability Guidelines, trazodone is recommended as an option for insomnia, for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There are no guideline recommendations for serum laboratory testing of trazodone levels. The medical necessity has not been established in this case. As such, the request is not medically necessary.

1 TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation British Columbia Medical Services Commission 2010 Jan 1 6p 28 references.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines did not specifically address the requested laboratory test. Official Disability Guidelines did not specifically address the requested laboratory test. www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014. A thyroid panel is used to screen for or

help diagnose hypo- and hyperthyroidism due to various thyroid disorders. A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo- or hyperthyroidism due to a condition affecting the thyroid.

Decision rationale: A thyroid panel is used to screen for or help diagnose hypo- and hyperthyroidism due to various thyroid disorders. A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo- or hyperthyroidism due to a condition affecting the thyroid. In this case, the injured worker has maintained a diagnosis of hyperthyroidism. There was no documentation of a significant abnormality or any signs or symptoms suggestive of an acute abnormality. The medical necessity for the requested laboratory testing has not been established. As such, the request is not medically necessary.

1 Urine Drug screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.