

Case Number:	CM14-0045264		
Date Assigned:	08/01/2014	Date of Injury:	06/27/2007
Decision Date:	03/23/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 36-year-old man with a date of injury of June 27, 2007. The mechanism of injury and injuries sustained were not documented in the medical record. The IW is status-post laminectomy in June of 2007. Pursuant to the progress note dated January 7, 2014, the IW complained of moderate to severe back pain with radiation to the left and right thigh. The pain was located in the lower back, gluteal area and thighs. The pain was described as achy, deep, discomforting, numbness, piercing, sharp, and shooting. The pain was rated 9/10 without medications and 7/10 with medications. Symptoms were aggravated by ascending stairs, bending, changing positions, coughing daily activity, defecation, descending stairs, extension, flexion, jumping, lifting, lying and rest, pushing running, sitting, and twisting. Lying down and pain medication relieved symptoms. The IW had anxiety, depression and insomnia. Physical examination revealed tenderness to palpation (TTP) on the right sacroiliac joint, right ischial tuberosity, and lower lumbar paraspinals. Patrick's Faber test was positive bilaterally. There was decreased active range of motion (ROM) with limited factors of pain. There was moderate restriction with flexion, extension, and lateral bending. There was patchy sensory loss in bilateral lower extremities and tight hip flexors. Review of symptoms was negative. Specifically, metabolic/endocrine: Negative for cold intolerance, heat intolerance, polydipsia, and polyphagia. The IW was diagnosed with long-term (current) use of medications; insomnia; sacroiliitis; failed back surgery syndrome of the lumbar; spondylosis, lumbar without myelopathy; herniated nucleus pulposus, lumbar; chronic pain due to trauma; and anxiety. Current medications include: Xanax 0.5mg, Wellbutrin SR 150mg, Norco 10/325mg, Miralax 17gm, Doxepin Hcl 75mg, and

Ambien Cr 6.25mg. The treating physician ordered the following lab studies: Acetaminophen serum, alprazolam serum, CBC with diff., Chen 19, EIA 9, free testosterone, GGTP, Hydrocodone, TSH, and UA complete. The physician did not document the indication for these studies. The IW has been instructed to find a PCP. Medications were renewed and periodic urine drug screen will be performed to monitor adherence to medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The frequency of urine drug testing is determined by whether the patient is at low risk intermediate or high risk of addiction/misuse. In this case, there is no indication as to whether the injured worker is at low risk intermediate or high risk. Patients at low risk should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no indication this injured worker is at intermediate or high risk. Consequently, the indication for the urine drug screen is not indicated and, subsequently, not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the urine drug screen is not medically necessary.

Thyroid Stimulating Hormone Test: 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 Lab Tests Online (<http://labtestsonline.org/understanding/analytes/tsh/tab/test>)

Decision rationale: Pursuant to Lab Tests Online, the thyroid stimulating hormone (TSH) is not medically necessary. TSH is a blood test to evaluate thyroid function. In this case, there is no documentation supporting a TSH blood test. There is no discussion of the medical record about thyroid disorders. Consequently, TSH is not medically necessary.

CBC with Differential: 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 National Library of Medicine's Med Line Plus Database (www.nlm.nih.gov/medlineplus/ency/presentations/100152_1.htm)

Decision rationale: Pursuant to MedlinePlus, the complete blood count with differential is not medically necessary. A complete blood count is a screening test used to diagnose numerous diseases. In this case, there is no documentation to support the need for a blood count. There is no discussion of a blood count. Consequently, the documentation does not support the need for CBC with differential.

Acetaminophen 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 National Library of Medicine's Med Line Plus Database (www.nlm.nih.gov/medlineplus/ency/article/003430.htm)

Decision rationale: Pursuant to MedlinePlus, acetaminophen serum (level) is not medically necessary. Serum acetaminophen is indicated when you require a certain level of the drug in your blood to get the proper affect. In this case, there is no medical documentation to support the need of a serum acetaminophen level. There is no documentation in the assessment and plan indicates an acetaminophen level is appropriate. Consequently, acetaminophen serum is not medically necessary.

Free Testosterone: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online (<http://labtestsonline.org/understanding/analytes/testosterone/tab/test>)

Decision rationale: Pursuant to Medline plus, a free testosterone level is not medically necessary. In men, the test may be ordered with prolonged opiate use, erectile dysfunction, and gynecomastia. For additional details see the attached link. In this case, there is no clinical indication for free testosterone level. The injured worker is taking opiates, however there is no documentation to support a free testosterone level is indicated based on prolonged opiate use. Consequently, based on the documentation of free testosterone level is not medically necessary.

Enzyme Immunoassay (EIA) 9: 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 Lab Tests Online (<http://labtestsonline.org/understanding/analytes/testosterone/tab/test>)

Decision rationale: Pursuant to the evidence-based peer-reviewed guidelines, EIA 9 is not medically necessary. The EIA 9 is the urine specimen that checks for amphetamines, barbiturates, benzodiazepines, etc. See attached link for details. In this case, there is no indication or documentation to support the need for an EIA 9. The injured workers taking Norco, however there is no indication the injured worker is at high risk or intermediate risk or has an inclination to addiction or misuse. Consequently, the EIA 9 is not medically necessary.

Hydrocodone/Alprazolam 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 National Library of Medicine's Med Line Plus Database (www.nlm.nih.gov/medlineplus/ency/article/002670.htm)

Decision rationale: Pursuant to MedlinePlus, hydrocodone/alprazolam serum levels are not medically necessary. Hydrocodone is an opiate type medication and alprazolam is an anxiolytic. See attached link for additional details. In this case, there is no documentation to support the need of hydrocodone or alprazolam serum levels. Consequently, hydrocodone/alprazolam serum levels are not clinically indicated or medically necessary.

Chem 19: 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 <http://www.infovets.com/demo/demo/canine/D080.HTM>

Decision rationale: Pursuant to MedlinePlus, a chemistry 19 profile is not medically necessary. Chemistry profiles may be required to make specific diagnoses which is based on the blood chemistry profile alone. See attached link for details. In this case there is no clinical documentation to support the need of a chemistry 19 profile. The clinical documentation does not discuss any blood tests, or indications for any possible blood testing. Consequently, the Chemistry19 profiles not medically necessary.

Gamma-glutamyl Transpeptidase (GGT): 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 Lab Tests Online (<http://labtestsonline.org/understanding/analytes/ggt/tab/test>)

Decision rationale: Pursuant to Medline plus, lab tests online, the GGTP is not medically necessary. GGTP is sometimes used to help detect liver disease and bile duct obstructions. See attached link for additional details. In this case, there is no documentation to support a GGTP level. There is no discussion of any liver disease and there is no indication for any blood testing for liver dysfunction. Consequently, the GGTP levels is not medically necessary.