

Case Number:	CM14-0048960		
Date Assigned:	08/06/2014	Date of Injury:	05/23/2011
Decision Date:	03/23/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/26/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 49 year old with an injury date on 5/23/11. Patient complains of severe persistent pain in the lower lumbar, gluteal area, radiating to the right thigh/ankle/calf/foot per 2/19/14 report. Patient had 2 epidural steroid injections in 2011 with not much relief, and no surgeries, as surgeons stated 99% chance that such intervention would not be effective in her case per 2/19/14 report. Patient is currently taking Flexeril, Nortriptyline, Baclofen, Oxycodone, Butrans, Aleve, Metabo Up, and Lipozene per 2/19/14 report. Based on the 2/19/14 progress report provided by [REDACTED] the diagnoses are: 1. COAT2. chronic pain due to trauma3. muscle spasms4. myalgia and myositis, unspecified5. HNP lumbar6. spinal stenosis of lumbar region7. degenerative disc disease lumbar8. radiculopathy thoracic or lumbosacralExam on 2/19/14 showed "antalgic gait, assisted by cane. Normal muscle tone. Straight leg raise radiates to the right." [REDACTED] is requesting shower seat, shower bar, urinalysis (UA) complete, buprenorphine and metabolites blood screen, Baclofen serum, Flexeril serum, Oxycodone serum, and Chemistry 19, HDL laboratory study. The utilization review determination being challenged is dated 2/28/14 and rejects urine drug screen, Baclofen serum, Flexeril serum, and Chemistry 19 HDL lab study as medical necessity is not established. [REDACTED] is the requesting provider, and he provided treatment reports from 8/7/13 to 7/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower Seat: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation "Who can get Medicare-covered home health care, and what services does Medicare cover?" Published 03/19/2003 01:45 PM / Updated 07/08/2010 07:17 AM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, knee chapter Bathtub Seat See Durable medical equipment (DME). Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. (CMS, 2005)

Decision rationale: This patient presents with lower back pain. The treater has asked for shower seat on 2/19/14. Symptoms are aggravated by pushing, sitting, and walking activities per 2/19/14 report. Regarding bathtub seats, ODG states they are considered a comfort or convenience item, hygienic equipment. Regarding durable medical equipment, ODG guidelines state: "Recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets Medicare's definition of durable medical equipment (DME), which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home." In this case, the patient appears to have functional deficits that affect activities of daily living (pushing, sitting, walking), and requested shower seat seems reasonable for patient's condition according to ODG guidelines. Recommendation is for authorization.

Shower Bar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation "Who can get Medicare-covered home health care, and what services does Medicare cover?" Published 03/19/2003 01:45 PM / Updated 07/08/2010 07:17 AM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Knee Chapter Shower Grab Bar See Durable medical equipment (DME). Grab bars are considered a self-help device, not primarily medical in nature. (CMS, 2005)

Decision rationale: This patient presents with lower back pain. The treater has asked for a shower bar on 2/19/14. Symptoms are aggravated by pushing, sitting, and walking activities per 2/19/14 report. According to ODG, shower grab bars are considered a self-help device. Regarding durable medical equipment, ODG guidelines state: "Recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets Medicare's definition of durable medical equipment (DME), which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive

patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home." In this case, the patient appears to have functional deficits that affect activities of daily living (pushing, sitting, walking), and requested shower bar seems reasonable for patient's condition according to ODG guidelines. Recommendation is for authorization.

Urinalysis (UA) complete: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pg 94-95:O.

Decision rationale: This patient presents with lower back pain. The treater has asked for urinalysis (UA) complete on 2/19/14. Patient had a urine drug screen test on 8/7/13 which showed positive for Oxycodone (consistent) but also for THC which was inconsistent with patient's prescribed medications. Urine drug screen also noted positive EIA screen for TCA, but wasn't sure if due to cross-reactivity or to Nortiptyline or another antidepressant. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the patient's last urine drug screen was 6 months ago, and requested uring drug screen to monitor current opiate usage is in line with MTUS guidelines. Recommendation is for authorization.

Buprenorphine and Metabolites Screen , Blood : Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pg94-951-565-1.

Decision rationale: This patient presents with lower back pain. The treater has asked for buprenorphine and metabolites blood screen on 2/19/14. A urine drug screen on 8/7/13 shows positive for norbuprenorphine. ODG states that semi-synthetic opioids (e.g., oxycodone and oxymorphone and occasionally hydrocodone) and synthetic opioids (fentanyl, meperidine, tramadol, methadone, and buprenorphine) are not detected on many commercially-available opiate immunoassay screens. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. In this case, a prior urine drug screen tested positive for norbuprenorphine which is a urinary indicator of buprenorphine usage. Treater does not explain the necessity for a

separate exam when a normal urine drug screen already tests for norbuprenorphine which would indicate patient's current Butrans prescription. Recommendation is for denial.

Baclofen 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 MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pg94-951-565-1.

Decision rationale: This patient presents with lower back pain. The treater has asked for Baclofen serum on 2/19/14. Patient has not had a Baclofen serum administered, review of the records indicate. ODG states that laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. In this case, the urine drug screen on 8/7/13 did not test for Baclofen. However, Baclofen is a muscle relaxant indicated for short term use only, and it appears patient has been taking Baclofen for at least 7 months. As baclofen is not indicated for patient's use, the requested baclofen serum would also not be indicated at this time. Recommendation is for denial.

Flexeril 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 MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pg94-951-565-1.

Decision rationale: This patient presents with lower back pain. The treater has asked for Flexeril serum on 2/19/14. Patient has not had a Flexeril serum administered, review of the records indicate. ODG states that laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. In this case, the urine drug screen on 8/7/13 did not test for Flexeril. However, Flexeril is a muscle relaxant indicated for short term use only, and it appears patient has been taking Flexeril for at least 7 months. As Flexeril is not indicated for patient's use, the requested Flexeril serum would also not be indicated at this time. Recommendation is for denial.

Oxycodone Serum: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pg94-951-565-1.

Decision rationale: This patient presents with lower back pain. The treater has asked for Oxycodone serum on 2/19/14. A 8/7/13 urine drug screen tested positive for Oxycodone which is consistent with patient's prescription at that time. ODG states that semi-synthetic opioids (e.g., oxycodone and oxymorphone and occasionally hydrocodone) and synthetic opioids (fentanyl, meperidine, tramadol, methadone, and buprenorphine) are not detected on many commercially-available opiate immunoassay screens. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. In this case, the treater has asked for a buprenorphine and metabolites blood screen, but a prior urine drug screen tested positive for Oxycodone. Treater does not explain the necessity for a separate serum when a normal urine drug screen already tests for Oxycodone, which would deem an Oxycodone serum not medically necessary at this time. Recommendation is for denial.

Chemistry 19, HDL laboratory study: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Medline Plus Encyclopedia, A service of the U.S. National Library of Medicine. From the National Institutes of Health, Lipid Profile

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, National Institute of Health <http://www.nlm.nih.gov/medlineplus/ency/article/003491.htm> Cholesterol testing Cholesterol is a soft, wax-like substance found in all parts of the body. Your body needs a small amount of cholesterol. Too much cholesterol can clog your arteries and lead to heart disease, stroke, and other problems. Some types of cholesterol are considered "good" and some are considered "bad." Different blood tests are used to measure each type. A coronary risk profile is a group of blood tests that measure your cholesterol and triglyceride levels. The profile can help determine your risk for heart disease. How the Test is Performed A blood sample is needed. Most of the time blood is drawn from a vein located on the inside of the elbow or the back of the hand. You may only have your total cholesterol level measured as the first test. This may include measurement of your HDL cholesterol levels. You may no

Decision rationale: This patient presents with lower back pain. The treater has asked for Chemistry 19, HDL laboratory study on 2/19/14. A complete blood count on 8/7/13 showed

patient's total cholesterol level at 273 mg/dL. Regarding cholesterol testing, MedlinePlus states that everyone should have their first screening test by age 35 for men, and age 45 for women. Some guidelines recommend starting at age 20. Early testing is also recommended for people who have diabetes, heart disease, stroke, high blood pressure, or a strong family history of heart disease. Follow-up testing should be done: Every 5 years if your results were normal. Testing should be done more often for people with diabetes, high blood pressure, heart disease, stroke, or blood flow problems to the legs or feet. Testing should also be done more often if you are taking medications to control high cholesterol. In this case, the patient had a high cholesterol count in a prior blood test, and the requested Chemistry 19, HDL laboratory study to determine patient's HDL cholesterol count seems reasonable. Recommendation is for authorization.