

Case Number:	CM14-0085286		
Date Assigned:	08/08/2014	Date of Injury:	08/23/2012
Decision Date:	01/02/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old man who sustained a cumulative trauma while working as a correctional officer. The date of injury is documented as August 23, 2012. He is currently permanent and stationary. The carrier has accepted internal organs, bilateral knees, low back, and trachea. The following surgeries/procedures have been performed: Lumbar facet injection November 20, 2012; right knee surgery December 5, 2012; Lumbar epidural steroid injection February 11, 2013; left knee surgery February 20, 2013; and Supartz injection, bilateral knees March 31, 2013. Pursuant to the Primary Treating Physician's Progress Report and Request for Authorization, dated May 19, 2014, the IW presents with back pain, severity is mild with radiation to the knees. The pain is described as discomforting with numbness. Symptoms are aggravated by daily activities and flexion. Injection, massage, TENS and chiropractor treatments relieve symptoms. Pain without medications was rated 4/10 and pain with medications was rated 2/10. Objective physical findings revealed lumbar spine spasms and tenderness to palpation to the spinous, thoracic, paraspinous, and gluteals. The pain to the bilateral lumbar lower facets was exacerbated by facet loading maneuvers. Musculoskeletal examination was positive for back pain, joint pain, joint swelling, and muscle weakness. The IW was diagnosed with osteoarthritis, chronic; facet arthropathy; and lumbar spine sprain/strain. Current medications include Hydrocodone/APAP 7.5/325mg, Metoprolol 100mg, Flexeril 10mg, MVI, Fish Oil, Cinnamon, Vitamin D3, Calcium, and Cyanocobalamin Injection. The provider is requesting and authorization for the following: Urine drug screen; CBC (includes diff/PLT); GGT; Hydrocodone/metabolite serum; Acetaminophen serum; Testosterone total; Chem 19; TSH; Urinalysis, complete; EIA9/GCMS 4/Fentanyl/Meperidine; and Cyclobenzaprine, serum/plasma. The provider did not documented the rationale for the aforementioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approach, History and Physical Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screen testing is not medically necessary. Urine drug screening is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust when discontinued treatment. The frequency of urine drug testing depends upon the low risk, intermediate risk or high risk of the injured worker. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation and yearly basis thereafter. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, an authorization dated February 13, 2014 provides for routine urine drug screens twice a year. Although urine drug screening has a place tailored to the risk of the injured worker, there is no indication for routine drug screening absent compelling clinical facts. There are no compelling clinical facts in the medical record. Consequently, urine drug screening is not medically necessary.

CBC (Complete Blood Count) (includes Differential and Platelets): 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, CBC (complete blood count) including differential and platelets is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the treating physician authorization from February 13, 2014 requested a routine CBC (complete blood count in all patients taking

prescriptions. There is no clinical indication for the routine blood count and consequently, the CBC is not medically necessary.

Gamma-Glutamyl Transferase (GGT): 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Gamma Glutamyl Transferase (GGT) is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the treating physician placed an authorization on February 13, 2014 for routine labs. The medical record does not contain a clinical indication for the GGT. Consequently, the gamma Glutamyl Transferase is not medically necessary.

Hydrocodone/ Metabolite 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, hydrocodone/metabolite serum is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. There is no documentation or clinical indication for this test. Although the injured patient is taking hydrocodone 7.5/325 mg 1 to 2 tablets 1 to 2 times a day, there is no documentation to support a hydrocodone/ metabolite level. There is no documentation in the medical record of opiate risk assessment or whether the injured worker is a low risk, intermediate risk, or high risk for drug misuse or abuse. Consequently, absent the appropriate documentation/clinical indication, hydrocodone/metabolite serum is not medically necessary.

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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, acetaminophen serum is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the injured worker is taking acetaminophen containing medications (hydrocodone). The documentation however does not put forth a clinical indication for an acetaminophen level. There is no documentation of opiate misuse or abuse nor is there a risk assessment placing the injured worker at intermediate or high risk of misuse or abuse that may, in fact, put the injured worker at risk for acetaminophen toxicity. Consequently, acetaminophen serum is not medically necessary.

Testosterone, Total: 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, testosterone level is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the authorization dated February 13, 2014 contained a routine request for testosterone in male patients. This was purely a screening lab test according to the documentation. Consequently, serum testosterone is not medically necessary.

Chem (Chemical) 19 Test: 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, chemistry 19 profile is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the authorization dated February 13, 2014 contains documentation stating all patients on prescribed medications will have a routine chemistry (19) panel. There is no clinical indication for the chemistry 19 panel and consequently, the chemistry 19 panel is not medically necessary.

TSH (Thyroid-Stimulating Hormone): 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, TSH (thyroid stimulating hormone) is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the documentation contains an authorization dated February 13, 2014. The request states "all patients prescribed medications will have a routine TSH (thyroid stimulating hormone). There is no clinical indication the TSH, and consequently, TSH (thyroid stimulating hormone) is not medically necessary.

Urinalysis, Complete: 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, urine analysis #1 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical

examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the authorization dated February 13, 2014 states all patients prescribed medications we'll have a routine urine analysis. There is no clinical indication documented in the medical record for the urine analysis and consequently, urine analysis #1 is not medically necessary.

EIA (electroimmunoassay)/ GC/MS (Gas chromatography mass spectrometry)/ Fentanyl/ Meperidine: 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, EIA (electro immunoassay) GC/MS (gas chromatography mass spectrometry)/fentanyl/meperidine #1 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, there is no documentation in the medical record that discusses clinical rationale for the EIA (electro immunoassay) GC/MS (gas chromatography mass spectrometry)/fentanyl/meperidine #1. Consequently, absent the appropriate documentation containing the appropriate clinical indication or clinical rationale, EIA (electro immunoassay) GC/MS (gas chromatography mass spectrometry)/fentanyl/meperidine #1 is not medically necessary.

Cyclobenzaprine, Serum/ Plasma: 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 Assessment Approach, History and Physical Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine (Flexeril) serum/plasma is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of the medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the injured worker is taking Flexeril 10 mg QHS.

However, there is no clinical rationale or clinical indication for ordering the cyclobenzaprine (Flexeril) serum/plasma level. Consequently, absent the appropriate clinical indication, cyclobenzaprine serum/plasma is not medically necessary.