

Case Number:	CM15-0000443		
Date Assigned:	01/12/2015	Date of Injury:	08/04/2010
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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: Family Practice

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 45 year old female who sustained an industrial injury on 8/4/10. The injured worker reported symptoms in the back. The diagnoses included myalgia and myositis, unspecified, chronic, failed back surgery syndrome lumbar, chronic, chronic pain due to trauma, chronic, degenerative disc disease lumbar, chronic, spondylosis, and lumbar without myelopathy, chronic. Treatments to date have included right sacroiliac fusion on 7/15/14, physical therapy, cold compression therapy, oral medications, self-directed aqua therapy, and acupuncture with documentation of "very good relief but only for 2 days". The injured worker declined epidural steroid injection treatment. Provider documentation dated 11/26/14 noted the injured worker presents with "moderate-severe" lower back pain described as persistence, located in the "lower back and gluteal area...radiated to the right buttock...describes the pain as dull. The treating physician is requesting chemistry 19, complete blood count (including differential and platelets), EIA9 with alcohol and reflex urine, complete urinalysis, urine drug screen, buccal drug screen, portable seat cushion and tramadol 50mg #12. On 12/16/14 Utilization Review non-certified a request for chemistry 19, complete blood count (including differential and platelets), EIA9 with alcohol and reflex urine, complete urinalysis, urine drug screen, buccal drug screen, portable seat cushion and tramadol 50mg #12. The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chem 19: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com Metformin in the treatment of adults with type 2 diabetes mellitus

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" from two operations: L5-S1 fusion and disc prosthesis and sided sacroiliac arthrodesis. The treating clinician does not make clear in the documentation what reason there is to order a chem 19 panel. On the other hand, the patient receives treatment for two non-industrial illnesses, diabetes type II and hyperlipidemia, both non-industrial in nature. The patient takes metformin and gemfibrozol. It is good medical practice to monitor for adequate renal function when prescribing metformin and to look for signs of liver injury in the case of gemfibrozol; however, these are not industrial based issues. The request for a chem 19 is not medically indicated.

CBC (includes Diff/PFT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com Laboratory evaluation of the immune system

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" from two operations: L5-S1 fusion and disc prosthesis and right sided sacroiliac arthrodesis. The treating clinician does not make clear in the documentation what reason there is to order a CBC. The CBC is medically indicated to look for changes in the red cell count (anemia or polycythemia) and the immune system (the white cell lines). There is no report of fever, chills, erythema or swelling at the surgical sites, easy bruising, or GI bleeding There is no documentation to suggest that any of these concerns are relevant to the care at this time. The request for a CBC is not medically indicated.

EIA9 w/Alcohol+RFLX 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" from two operations. The patient has been prescribed hydrocodone with acetaminophen 10-325 mg. The patient apparently had a urine drug screen in March 2014. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The EIA9 w/Alcohol + RFLX Urine test is not medically indicated.

Complete Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com Overview of the management of chronic kidney disease in adults

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" from two operations. The treating clinician does not make clear in the documentation what reason there is to order a complete urinalysis. There is no flank pain, hematuria, burning, or frequency. On the other hand, the patient receives treatment for a non-industrial illness, diabetes type II, but this is non-industrial in nature. While it is appropriate to monitor kidney function and order a urinalysis from time to time for diabetes care, this is non-industrial in nature. The urinalysis is not medically indicated.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" from two operations. The patient has been prescribed hydrocodone with acetaminophen 10-325 mg. The patient apparently had a urine drug screen in March 2014. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically indicated.

Buccal Drug Screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Biochem Rev. 2006 Aug; 27(3): by Olaf H Drummer

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" from two operations. The patient has been prescribed hydrocodone with acetaminophen 10-325 mg. The patient apparently had a urine drug screen in March 2014. A drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. In addition the author in the journal article cited above states that at this time, sampling from the mouth is considered experimental and is not recommended. The buccal drug screen is not medically indicated.

Portable Seat Cushion: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" from two operations. The first procedure was a L5-S1 fusion with disc prosthesis and the other operation was a right sided sacroiliac arthrodesis. The treating physician does not make clear to what purpose he requests a seat cushion. The treatment guidelines do mention using damping cushions and padding to prevent injury to working individuals who are exposed to significant levels of vibration in the course of their job while sitting. These issues are not applicable to the patient at this time. The request for a set cushion is not medically indicated.

Tramadol 50 MG #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" from two operations. The first procedure was a L5-S1 fusion with disc prosthesis and the other operation was a right sided sacroiliac arthrodesis. The patient takes acetaminophen with hydrocodone 10-325 mg and has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are

not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with trazodone is not medically indicated.