

Case Number:	CM15-0102806		
Date Assigned:	06/05/2015	Date of Injury:	05/21/2009
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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: Preventive Medicine, Occupational 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 is a 56 year old male who sustained an industrial injury on May 21, 2009. He has reported low back pain and has been diagnosed with myalgia, chronic pain syndrome, low back pain, thoracic radiculitis, myositis, spasm, lumbosacral spondylosis without myelopathy, degeneration of lumbar intervertebral disc, lumbar post laminectomy syndrome, lumbosacral spondylosis without myelopathy, arthropathy of the facet joint, and lumbosacral radiculopathy. Treatment has included medications, medical imaging, physical therapy, and surgery. There was tenderness t the spinous, paraspinous, gluteals, piriformis, quadratus, PSIS, and sciatic notch. There was painful range of motion. The treatment request included medications and laboratory work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CBC (Includes Diff/Plt): 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 12 Low Back Complaints Page(s): 304.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation regarding the indication for the lab. There is no documentation how the results may change the treatment plan. Labs: CBC (Includes Diff/Plt) is not medically necessary.

Labs: Liver Panel: 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 12 Low Back Complaints Page(s): 304.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation regarding the indication for the lab. There is no documentation how the results may change the treatment plan. Labs: Liver Panel is not medically necessary.

Labs: Acetaminophen: 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 12 Low Back Complaints Page(s): 304.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation regarding the indication for the lab. There is no documentation how the results may change the treatment plan. Labs: Acetaminophen is not medically necessary.

Norco 10/325 MG Qty 150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. I am reversing the previous utilization review decision. Norco 10/325 MG Qty 150 is medically necessary.

Fentanyl 50 MCG/HR (Patches) Qty 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. In addition, with the patient using both Norco and Fentanyl, his morphine equivalent is 170, well above the recommended 120 by the MTUS. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Fentanyl 50 MCG/HR (Patches) Qty 15 is not medically necessary.