

Case Number:	CM15-0010619		
Date Assigned:	01/28/2015	Date of Injury:	07/30/2007
Decision Date:	04/07/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York

Certification(s)/Specialty: Emergency 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 67-year-old male, who sustained an industrial injury on 7/30/2007. The diagnoses have included cervical radiculopathy, failed back surgery syndrome cervical, other specified gastritis, chronic pain due to trauma, depression, and chronic muscle spasms. Treatment to date has included physical therapy, spinal cord stimulator implant, surgical intervention, and pain medications. According to the office visit note dated 12/4/2014, the IW had a chief complaint of back pain. Severity level was moderate-severe. The location of the pain was upper back, neck and left shoulder. Pain radiated to the left arm. The injured worker reported pain level without medications as 9/10; pain level with medications was 5/10. With medications, the injured worker was able to struggle but fulfill daily home responsibilities. Without medications, the injured worker was able to get dressed in the morning and perform minimal activities at home. Physical exam revealed decreased shoulder strength and tenderness at shoulders. He had active painful range of motion of the cervical spine. Work status remained total temporary disabled. On 12/19/2014, Utilization Review (UR) non-certified a request for laboratory testing to include CHEM 19, Amitriptyline and Oxycodone prescriptions, Morphine and Serum Valencia (cutoff 10-80), Oxycodone and metabolite serum, and urinalysis. UR modified a request for Tizanidine HCL 4mg # 30 to Tizanidine HCL 4mg #23, noting the lack of guideline support for long term use. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lab to include 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.uptodate.com/contents/searchsearch=laboratory+test+screening>.

Decision rationale: CA MTUS and ODG are silent on this topic. Submitted documentation states the IW had laboratory studies which included a chemistry panel completed in May 2014. The results of these tests were not included or discussed. It is unclear if there were abnormal values that require ongoing monitoring. There is not clear rationale or discussion of medical condition to support the request. The IW does not have underlying medication conditions that require ongoing laboratory monitoring. Without this information or clear indication, the request for a chem 19 panel is not medically necessary.

1 lab to include Amitriptyline: 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.uptodate.com/contents/tricyclic-and-tetracyclic-drugs-pharmacology-administration-and-side-effects>.

Decision rationale: CA MTUS and ODG are silent. According to chart documentation, the IW is prescribed Amitriptyline for as needed use 3-4 times a week. The documentation does not discuss the frequency of its use. The purpose for ordering this test is not clear from records. If the test is being used to verify medication compliance, a urine drug screen would be adequate to reveal the presence of tricyclics. Because the medication dosing is prescribed for intermittent and as needed, a blood test that reveals no Amitriptyline would not be informative. If the blood test is intended to evaluate toxic levels of the medication, then awaiting the level result would be dangerous and potentially harmful. If there is concern for toxic levels, emergent evaluation including and electrocardiogram and transfer to an emergency department would be prudent. The request for lab testing of Amitriptyline is not medically necessary.

1 lab to include Morphine and Serum Valencia (cutoff 10-80): 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 Opioids, drug screens, steps to avoid misuse/addiction Drug testing Page(s): 43, 77-80.

Decision rationale: CA MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Guidelines state the testing should consist of a urine drug screen. Additional recommendations random drug testing, not at office visits. The IW has had urine drug screens. The results of these tests are not discussed in visit notes. It is unclear from the records why a serum test for Morphine and Valencia are being requested. If requested, these can be analyzed through urine drug screening. Without clear indications for serum testing and the lack of support from CA MTUS, the request is not medically necessary.

1 lab to include complete Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoff et al., 2009 (LE:4, GR: C); Guidelines on Urological Infections, 2008 March, European Association of Urology - Medical Specialty Society.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/search/search.aspxterm=urinalysis>.

Decision rationale: CA MTUS and ODG are silent on this topic. Urinalysis is a test used primarily for the diagnosis of a urinary tract infection, but can be use to evaluate for other medical conditions. The most reason provider note does not provide any subjective or objective findings that raise concern for a urinary tract infection or other diagnoses in which a urinalysis would be a necessary test. In the absence of this data and without discussion to support the request for a urinalysis, it is considered not medically necessary.

1 lab to include Oxycodone and 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 Opioids - drug testing Page(s): 43, 70.

Decision rationale: CA MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Guidelines state the testing should consist of a urine drug screen. Additional recommendations random drug testing, not at office visits. The IW has had urine drug screens. The results of these tests are not discussed in visit notes. It is unclear from the records why a serum test for Oxycodone and Metabolite are being requested. If requested and indicated, these ca be analyzed through urine drug screening. Without clear indications for serum testing and the lack of support from CA MTUS, the request is not medically necessary.

Oxycodone HCL 15mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured workers response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Furthermore, previous reviews dating from 2013 discuss tapering of this medication with intention of decreasing prescriptions. This has not occurred. Finally, the request does not include dosing frequency or duration. The request for oxycodone is not medically necessary.

Tizanidine HCL 4mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers for chronic pain Page(s): 64, 66.

Decision rationale: CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Zanaflex, guideline state "is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain" Documentation supports ongoing prescribing of zanaflex. There is not documentation to support the IW's response to use of zanaflex. As noted, the guidelines recommend against use for chronic pain. Documentation does not support a new or acute exacerbation of injury. In addition, the request does not include dosing frequency or duration. The request is not medically necessary.