

Case Number:	CM15-0133114		
Date Assigned:	07/21/2015	Date of Injury:	02/20/2007
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, Michigan
 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 66-year-old male, who sustained an industrial injury on February 20, 2007. The injured worker was diagnosed as having cervical pain, cervical disc disorder, muscle spasm, and chronic pain syndrome. Treatments and evaluations to date have included medication. Currently, the injured worker complains of neck pain, upper middle back pain, and pain in the groin area, creating muscle spasms. The single submitted treating Physician's report dated June 2, 2015, noted the injured worker's pain level had remained unchanged since the previous visit, complaining of ongoing withdrawal symptoms. The injured worker's quality of sleep was noted to be good with the sleep aid Temazepam. The injured worker was noted to have no change in his quality of life or social activity, and was currently not working. The injured worker reported continued functional benefit with his pain medication with pain under fair to good control with use of the Hydrocodone in a liquid formulation. The injured worker's current medications were listed as Temazepam, Hydrocodone-homatropine syrup, and Lisinopril. Physical examination was noted to show tenderness in the cervical spine, paracervical muscles, between the shoulder blades, and the upper thoracic, cervical thoracic junction. The treatment plan was noted to include requests for authorization for the continued current medication regimen without change of Temazepam and Hydrocodone-homatropine syrup, and laboratory evaluations to include serum aspartate aminotransferase (AST) and alanine aminotransferase (ALT), and renal panel for monitoring liver and kidney function, testosterone, and thyroid- stimulating hormone (TSH).

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines, Temazepam.

Decision rationale: The MTUS is silent on the use of Temazepam. The Official Disability Guidelines (ODG) notes Temazepam is not recommended. Benzodiazepines are not recommended for longer than two week use, with most guidelines limiting use to four weeks, as long term efficacy injured worker unproven with a risk for psychological and physical dependence or frank addiction. "Adults who use hypnotics, including benzodiazepines such as Temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics..." Benzodiazepines are not recommended as a first line medication, however if prescribed the criteria for use includes that indications for use should be provided at the time of initial prescription, and authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. The documentation provided included a laboratory evaluation from October 2014, noting the injured worker was prescribed Temazepam at that time. The single physician's report submitted, noted The Temazepam was being prescribed as a "sleep-aid," with quality of sleep good. Treatment of a sleep disorder, including prescribing benzodiazepines, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components of insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Temazepam 15 mg Qty 180.

Hydrocodone/Homatropine Syrup 5 (1.5mg/5ml) Qty 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medications - compounded; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Compound drugs and Other Medical Treatment Guidelines <http://www.webmd.com/drugs/2/drug-2522/hydrocodone-homatropine-oral/details>.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Official Disability Guidelines (ODG) notes compound drugs are not recommended as a first line therapy and that in general, FDA approved, commercially available drugs should be given an adequate trial. The injured worker is noted to be using Hydrocodone-Homatropine syrup, which is a compound of Hydrocodone, an opioid, and Homatropine, an anticholinergic medication. The injured worker was noted to be using Hydrocodone in a liquid formulation, without documentation of the indication for use of the addition of the Homatropine into the compounded medication. The documentation provided did not include objective measurable improvements in the injured worker's pain, function, ability to perform activities of daily living (ADLs), quality of life, or dependency on medical care with use of the Hydrocodone-Homatropine syrup. There was no documentation of the injured worker's failure of a first line treatment trial of a non-compounded medication. There was no documentation of the injured worker's inability to swallow medication in a tablet form or of the reason for the medication being administered in a syrup form. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Hydrocodone/Homatropine Syrup 5 (1.5mg/5ml) Qty 180.

Aspartate aminotransferase (AST) test, Qty 1: 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 www.ncbi.nlm.nih.gov/pmc/articles/PMC2984286/, www.ncbi.nlm.nih.gov/pubmed/17699976, www.mlo-online.com/articles/200812/liver-function-testing.php.

Decision rationale: The MTUS and Official Disability Guidelines (ODG) are silent on aspartate aminotransferase (AST) laboratory evaluation. Alternative references were used to identify the medical necessity of laboratory evaluations of the AST. An AST is a helpful screening tool to detect liver dysfunction. No single test is sufficient to provide a complete estimate of the function of the liver. The guidelines note that a single laboratory test is of little value in screening for liver dysfunction, with follow ups recommended in 6 months to 1-2 years as indicated. The documentation provided included a laboratory evaluation from March 2015 that included an AST level of 36 (normal 10-35). There is no documentation of subjective or objective findings to support the rationale identifying why a repeated AST was needed at this time. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for an aspartate aminotransferase (AST) test, Qty 1.

Alanine aminotransferase (ALT) test, Qty 1: 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 www.ncbi.nlm.nih.gov/pmc/articles/PMC2984286/, www.ncbi.nlm.nih.gov/pubmed/17699976, www.mlo-online.com/articles/200812/liver-function-testing.php.

Decision rationale: The MTUS and Official Disability Guidelines (ODG) are silent on alanine aminotransferase (ALT) laboratory evaluation. Alternative references were used to identify the medical necessity of laboratory evaluations of the ALT. An ALT is a helpful screening tool to detect liver dysfunction. No single test is sufficient to provide a complete estimate of the function of the liver. The guidelines note that a single laboratory test is of little value in screening for liver dysfunction, with follow ups recommended in 6 months to 1-2 years as indicated. The documentation provided included a laboratory evaluation from March 2015 that included an ALT level of 39 (normal 9-46). There is no documentation of subjective or objective findings to support the rationale identifying why a repeated ALT was needed at this time. therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for an alanine aminotransferase (ALT) test, Qty 1.

Renal Panel (Monitor Liver/Kidney Function), Qty1: 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 [//ltd.aruplab.com/Tests/Pub/0020144](http://ltd.aruplab.com/Tests/Pub/0020144), [//labtestsonline.org/understanding/analytes/renal-panel/tab/sample/](http://labtestsonline.org/understanding/analytes/renal-panel/tab/sample/).

Decision rationale: The MTUS and Official Disability Guidelines (ODG) are silent on renal panel laboratory evaluation. Alternative references were used to identify the medical necessity of renal panel laboratory evaluation. A renal panel is used to evaluate kidney function, and may include evaluation of the albumin, calcium, carbon dioxide, creatinine, chloride, glucose, phosphorus, potassium, sodium, and blood urea nitrogen (BUN) levels and a calculated anion gap level. The documentation provided included a laboratory evaluation from March 2015 that included a renal panel, abnormal results of creatinine of 1.28 (normal 0.70-1.25), glucose of 132 (normal 65-99), and calcium of 10.5 (normal 8.6-10.3). All other evaluations were in range. There is no documentation of subjective or objective findings to support the rationale identifying why a repeated renal panel was needed at this time. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for a renal panel Qty1.

Testosterone Levels, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.questdiagnostics.com/testcenter/testguide.action?dc=TS_Testosterone_LCMSMS,
<https://labtestsonline.org/understanding/analytes/testosterone/tab/test/>.

Decision rationale: The MTUS and Official Disability Guidelines (ODG) are silent on testosterone laboratory evaluation. Alternative references were used to identify the medical necessity of testosterone laboratory evaluation. A testosterone level is used to diagnose and monitor disorders associated with testosterone abnormalities. The documentation provided included a laboratory evaluation from March 2015 that included a testosterone level of 179 (normal 250-1100), with the laboratory report noting that men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of 200-300 or less may benefit from testosterone treatment. The documentation provided did not include any additional laboratory evaluations, or any indication that the injured worker was showing clinically significant hypogonadal symptoms. There is no documentation of subjective or objective findings to support the rationale identifying why a repeated testosterone level was needed at this time. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for a testosterone level, Qty 1.

Thyroid-stimulating hormone (TSH) test, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.endocrineweb.com/conditions/hypothyroidism/hypothyroidism-diagnosis,
<https://labtestsonline.org/understanding/analytes/tsh/tab/test/>.

Decision rationale: The MTUS and Official Disability Guidelines (ODG) are silent on thyroid stimulating hormone (TSH) laboratory evaluation. Alternative references were used to identify the medical necessity of TSH laboratory evaluation. A TSH level is used to diagnose and monitor disorders associated with thyroid abnormalities. The documentation provided included a laboratory evaluation from March 2015 that included a TSH level of 1.07 (normal 0.40-4.50). There is no documentation of subjective or objective findings to support the rationale identifying why a repeated TSH level was needed at this time. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for a thyroid-stimulating hormone (TSH) test, Qty 1.