

Case Number:	CM15-0144175		
Date Assigned:	08/05/2015	Date of Injury:	01/20/2015
Decision Date:	09/22/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/24/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male who sustained an industrial injury on January 20, 2015. He reported that he fell landing on his left arm, causing pain into his left arm, left hip, leg, low back and left knee. Treatment to date has included medications and physiotherapy. According to an evaluation performed on 06/25/2015, the injured worker reported that his pain level was 10 on a scale of 1-10. He reported that he elected to use NSAIDS (nonsteroidal anti-inflammatory drugs) for pain relief during his last examination on June 4, 2015 due to his previous dependency with illicit drugs. He reported that those medications were no longer as beneficial for alleviating pain and discomfort. Diagnoses included contusion left femoral head concerning for impaction fracture on March 13, 2015 per MRI of the left hip, tear of the left hip labrum at its anterior superior aspect per MRI of the left hip March 13, 2015, moderate left hip osteoarthritis per MRI of the left hip March 13, 2015, complex tear of the contralateral right labrum at its anterior superior aspect with a small paralabral cyst per left hip MRI March 13, 2015, mild sacroiliac joint osteoarthritis per left hip MRI March 13, 2015, moderate degenerative changes of the cervical spine per cervical spine x-rays dated January 27, 2015, mild diffuse degenerative changes per x-rays of the lumbar spine January 27, 2015, left rotator cuff tendinopathy- impingement per clinical examination, posterior disc protrusion at L5-S1 with effacement of the adjacent anterior thecal sac at L4-L5 measuring 3.8 mm per MRI of the lumbar spine 06/18/2015 and mild posterior disc protrusion at C3-C4 measuring 1.4 mm as well as mild defacement of the adjacent anterior thecal sac at C5-6 and to a lesser degree at C4-C5 per MRI of the cervical spine 06/18/2015. The treatment plan included a follow-up in 6 weeks for re-evaluation, physical

therapy of the lumbar spine, work restrictions and Lidoderm patch 5% #30 1 patch to affected area for 12 hours with 1 additional refill. Lidoderm patch was prescribed in order to limit exposure to oral habit forming medications and provide localized pain relief to his most specific area of complaint, namely the lumbar spine. The provider also requested authorization for initial labs and POCs in order to ensure the safety of the injured worker to hepatically metabolize and renally excrete the medications that were being prescribed as well as to ensure there were no possibilities for drug-drug interactions as the injured worker may likely require narcotic level medication in the immediate future, should significant resolution of his symptoms not occur while using topical analgesic medications. Currently under review is the request for Lidoderm patch 5% #30 with 1 refill, urine toxicology and labs to include chem 8, CBC, CPK, CRP, hepatic function panel and arthritis panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 111-113.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has a localized peripheral neuropathic process such as diabetic peripheral neuropathy or shingles. As such, the currently requested Lidoderm is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology test. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology screens Page(s): 76-80.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances. However, there is no notation of when the last previous urine toxicology testing was done. This is after a perusal of progress notes dated circa the time of this request. No risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the

records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.

Labs to include chem 8, CBC, CPK, CRP, hepatic function panel and arthritis panel:
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 Medline Plus Online, BMP www.nlm.nih.gov/medlineplus/ency/article/003462.htm.

Decision rationale: Regarding the request for CBC, CPK, CRP, arthritis panel, and BMP, the California MTUS and ODG do not address this issue. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. A basic metabolic panel is a serum test to evaluate kidney function and test electrolyte concentrations. It is unclear what is constituted in an arthritis panel as different labs and clinics would have different interpretation of this panel and there is no standard set of labs in this. In a progress noted available for review, the purported reason for all these labs is to test renal and liver function to see if medications can be properly metabolized. However, there is no reason for CRP and arthritis panel submitted. The IMR process cannot modify original requests. In light of the above issues, the currently requested CBC and BMP are medically necessary.