

<b>Case Number:</b>	CM15-0147462		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/30/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 51 year female, who sustained an industrial injury on 04-30-2010. On provider visit dated 07-06-2015 the injured worker has reported buttocks, right ankle and right knee pain. On examination was noted as tenderness in the lumbosacral region, and at both hamstring insertions on the buttocks. Pain was noted with range of motion. Right knee was noted to have aching pain and tenderness. Tenderness was also noted at right lateral ankle. The diagnoses have included sprains and strains of other specified sites of hip and thigh. Treatment to date has included medication, right knee copper elastic sleeve, ankle brace and surgical interventions. Right ankle surgery was noted to be planned in October. The provider requested Alprazolam and operative laboratory studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.25mg QTY: 90.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of Xanax prescription for this patient. The California MTUS guidelines state that Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." This patient has been documented to have insomnia on physical exam. The patient has been using benzodiazepines to help her sleep for longer than 5 months. Use of Xanax has exceeded 4 weeks and is not recommended in this situation. Therefore, based on the submitted medical documentation, the request for Xanax prescription is not medically necessary.

**Liver function testing QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Preoperative evaluation" from the National Guideline Clearinghouse.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of LFT testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of hepatic insufficiency or biliary disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to have stable medical conditions without complains at the time of physical exam. The medical records also indicate that they has not suffered from ascites, RUQ pain, jaundice or biliary obstruction, which would indicate abnormal liver function. Therefore, based on the submitted medical documentation, the request for hepatic function testing is not medically necessary.

**Kidney function testing QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Preoperative evaluation" from the National Guideline Clearinghouse.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complaints at the time of physical exam. The medical records indicate that has no new signs or symptoms indicative of chronic kidney disease. Kidney function testing is not necessary recommended for routine screening without demonstrably impaired renal function as indicated by an elevated creatinine. Therefore, based on the submitted medical documentation, the request for kidney function testing is not medically necessary.

**Electrolytes QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Preoperative evaluation" from the National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of electrolyte testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." A review of the medical documentation provided demonstrates that this patient does not have any active, unstable medical conditions. She has not been documented to have abnormal values on prior metabolic testing. Furthermore, the request for "electrolyte testing" is nonspecific and imprecise. Thus, based on the submitted medical documentation, the request for electrolyte testing is not medically necessary and has not been established.

**Thyroid function testing QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Preoperative evaluation" from the National Guideline Clearinghouse.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for thyroid function testing is not medically necessary.

**Diabetes monitoring - HgbA1C QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Preoperative evaluation" from the National Guideline Clearinghouse.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a Hemoglobin A1C test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of A1C testing. The Occupational Disability Guidelines (ODG) state that glucose monitoring is: "Recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy". Hemoglobin A1C testing is a method of glucose monitoring to assess long term glycemic control. The medical records do not indicate that this patient has been diagnosed with diabetes mellitus or that the patient's prior lab tests have been indicative of active insulin intolerance. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is not medically necessary.

**Urinalysis QTY: 1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Preoperative evaluation" from the National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of UA testing for this patient. The California MTUS guidelines and the ACOEM

Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings". Per ODG, "Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material". A review of the medical documentation provided demonstrates that this patient is to have an orthopedic procedure, ankle surgery. Ankle surgery commonly involves implantation of bone filler and surgical pins. These are foreign body materials. Thus, based on the submitted medical documentation, the request for UA testing is medically necessary and has been established.