

Case Number:	CM15-0161225		
Date Assigned:	08/28/2015	Date of Injury:	11/24/2003
Decision Date:	10/21/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/18/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36-year-old male worker who was injured on 11-24-2003. The medical records reviewed indicated the injured worker (IW) was treated for multilevel lumbar disc protrusion status post lumbar fusion; bilateral lower extremity L5 radiculopathy; depression, anxiety, mood disorder, daytime somnolence secondary to medication; bilateral knee pain with internal disruption; status post left and right knee arthroscopy; and opioid dependence with possible component of opioid induced hyperalgesia. The progress notes (7-2-15) indicated the IW had pain in the low back with radiation to the lower extremities in a distribution consistent with L5 nerve roots; bilateral knee pain; difficulty emptying his bladder; and erectile dysfunction. He noted Cardura was helping to prevent night terrors. He had pain reduction from 9 down to 5 out of 10 with his current medications and he was able to shower, brush his teeth and walk for short periods of time. He was able to stand for longer periods and perform some light chores. Without medications, he was basically bedridden and would rely on others for help. Medications were Kadian 40mg twice daily, Norco 7.5-325mg three times daily for breakthrough pain and Gabapentin 600mg three times daily. The IW stated his symptoms had stabilized since the previous Kadian reduction and he was ready to reduce it further. Kadian and Norco were prescribed since at least 3-10-15, according to the records. He was also taking psychotropics Cymbalta, Abilify, Seroquel and Adderall. A CURES report on 2-10-15 was "consistent with medications". The SOAPP-R opioid risk assessment (7-2-15) scored 5 and supported ongoing random urinary drug screening. On physical examination (7-2-15) there was tenderness in the paralumbar muscles and range of motion was significantly reduced by pain. The bilateral knees were painful with motion. Straight leg raise was positive bilaterally in the L5 distribution. Treatments have included medications; facet blocks; cortisone knee injections; bilateral knee

arthroscopies; and spinal fusion. He also received psychotherapy and urological care. The treatment plan (7-2-15) was for weaning off opioids and laboratory testing to assess the effects of current medications, liver function, kidney function and hypogonadism. Notes from 6-2-15 stated the IW was also weaning off Buspar with another provider. There was no current urine drug screening available for review. A Request for Authorization asked for Kadian 30mg, #60; Norco 7.5mg-325mg, #90; and CMP, CBC, vitamin D3, and testosterone levels. The Utilization Review on 7-20-15 modified the request for Kadian 30mg, #60 and Norco 7.5mg-325mg, #90 for weaning; the request for CMP, CBC, vitamin D3, and testosterone levels was non-certified for lack of documentation of prior lab testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with pain in his low back, bilateral knees and lower extremities. The request is for kadian 30MG #60. The request for authorization is not provided. Physical examination reveals patient is able to flex to 45 degrees limited by pain. He is minimally able to extend to five degrees and lateral bend to 10 degrees limited by pain. Straight leg raising reveals tight hamstrings but no radicular pain. He reports pain and weakness with heel walking. The patient's current medications reduce the pain from 9+/10 down to only a 6+/10. The medication does help him with performing daily activities of living such as showering and brushing his teeth. There are no significant side effects of the medication reported. The patient's work status is not provided. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per progress report dated 09/15/15, treater's reason for the request is "for baseline pain relief." Patient has been prescribed Kadian since at least 03/10/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Kadian significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Kadian. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not aberrant drug behavior. UDS dated 07/30/15 and CURES review dated 02/10/15 were documented. In this case, the treater has discussed most but not all of the 4A's as required by MTUS guidelines.

Therefore, the request IS NOT medically necessary.

Norco 7.5mg/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with low back, bilateral knees and lower extremities. The request is for NORCO 7.5MG/325MG #90. The request for authorization is not provided. Physical examination reveals patient is able to flex to 45 degrees limited by pain. He is minimally able to extend to five degrees and lateral bend to 10 degrees limited by pain. Straight leg raising reveals tight hamstrings but no radicular pain. He reports pain and weakness with heel walking. The patient's current medications reduce the pain from 9+/10 down to only a 6+/10. The medication does help him with performing daily activities of living such as showering and brushing his teeth. There are no significant side effects of the medication reported. The patient's work status is not provided. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 09/15/15, treater's reason for the request is "as needed for breakthrough pain." Patient has been prescribed Norco since at least 03/10/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not aberrant drug behavior. UDS dated 07/30/15 and CURES review dated 02/10/15 were documented. In this case, the treater has discussed most but not all of the 4A's as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

CMP/CBC/Vitamin D3/Testosterone Levels: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Medline Plus Encyclopedia, complete blood count (CBC); Chem-20 and on the Non-MTUS Official Disability Guidelines (ODG), Pain (Chapter), Vitamin D; Testosterone replacement for hypogonadism (related to opioids) and on the Non-MTUS website, Lab Tests Online, <http://labtestsonline.org/understanding/analytes/testosteroen/tab/test>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, a service of the U.S. National Library of Medicine www.nlm.nih.gov/.

Decision rationale: The patient presents with low back, bilateral knees and lower extremities. The request is for CMP/CBC/VITAMIN D3/TESTOSTERONE LEVELS. The request for authorization is not provided. Physical examination reveals patient is able to flex to 45 degrees limited by pain. He is minimally able to extend to five degrees and lateral bend to 10 degrees limited by pain. Straight leg raising reveals tight hamstrings but no radicular pain. He reports pain and weakness with heel walking. The patient's current medications reduces the pain from 9+/10 down to only a 6+/10. The medication does help him with performing daily activities of living such as showering and brushing his teeth. There are no significant side effects of the medication reported. The patient's work status is not provided. MTUS Guidelines, NSAIDs specific drug list & adverse effects section, page 70 regarding CBC testing does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. However, MedlinePlus, a service of the U.S. National Library of Medicine, at www.nlm.nih.gov/medlineplus/ency/article/003642.htm, states that "A complete blood count (CBC) test measures the following: The number of red blood cells (RBC count), The number of white blood cells (WBC count), The total amount of hemoglobin in the blood, and The fraction of the blood composed of red blood cells (hematocrit). It also says that." It may be used to: Diagnose infections or allergies; Detect blood clotting problems or blood disorders, including anemia; and Evaluate red blood cell production or destruction. As for CMP, MedlinePlus at www.nlm.nih.gov/medlineplus/ency/article/003468.htm states that "A comprehensive metabolic panel is a group of blood tests. They provide an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy." The resource also states that "This test will give your doctor information about: How your kidneys and liver are working; Blood sugar, cholesterol, and calcium levels; Sodium, potassium, and chloride levels (called electrolytes); Protein levels. Your doctor may order this test during a yearly exam or routine checkup." MedlinePlus, at www.nlm.nih.gov/medlineplus/ency/article/003569.htm states that "The 25-hydroxy vitamin D test is the most accurate way to measure how much vitamin D is in your body." The website also states that "In the kidney, 25-hydroxy vitamin D changes into an active form of the vitamin. The active form of vitamin D helps control calcium and phosphate levels in the body." As per the same website at www.nlm.nih.gov/medlineplus/ency/article/003707.htm, total testosterone levels are done in men to evaluate "Infertility, erectile dysfunction, low level of sexual interest, infertility, thinning of the bones (in men)." Per progress report dated 07/02/15, treater's reason for the request is "to assess effect of current medications, liver function, kidney function, and hypogonadism." MTUS supports the monitoring of CBC when patient is taking NSAIDs. CMPs can be useful in examining a patient's overall hepatic and renal function. In this case, the patient has been prescribed opioid medications, which can lead to Vitamin D deficiency and hypogonadism. Adrenal insufficiencies with blood disorders have been reported with chronic opioid use. Review of provided medical records shows no evidence of a prior Lab Studies. Given patient's chronic opioid use, the request for CMP / CBC / VITAMIN D3 / TESTOSTERONE levels appears reasonable. Therefore, the request IS medically necessary.