MAXIMUS Federal Services

Case Number:	CM15-0167598		
Date Assigned:	09/08/2015	Date of Injury:	11/12/2003
Decision Date:	10/26/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This is a 64-year-old female worker who was injured on 11-12-2003. The medical records reviewed indicated the injured worker (IW) was treated for rotator cuff (capsule) sprain, chronic; complication due to internal joint prosthesis; total hip replacement, chronic; disorders of the bursae and tendons in the shoulder region, unspecified; pain in joint involving shoulder region; pain in joint involving lower leg; chronic pain syndrome; and osteoarthrosis, generalized, involving unspecified site. The IW also had a 20-year history of sobriety from alcoholism. The progress notes dated 4-27-2015 indicated the IW had left knee, right hip and bilateral shoulder pain. The notes stated there had been no improvement in the IW's pain level or function and that she did not demonstrate any evidence of a current substance use disorder. Her pain rating was 7 out of 10 without medications, 2 out of 10 with medications and she rated her pain interference level for the last month 6 out of 10, meaning her pain made it difficult to perform activities of daily living. On examination, there was general tenderness in both hips and over the bilateral patellae. Subjective findings on 7-9-2015 were unchanged except the IW's pain interference rating was decreased to 3 out of 10. Range of motion of the hips and shoulders was painful. A bone scan in January 2014 showed possible inflammation at the prosthesis stem. Treatments documented included medications (Aleve, Fentanyl, and Norco) and right total hip replacement. The records indicated the IW had been using Fentanyl since at least 1-29-2014. Urine toxicology on 4-27-2015 was inconsistent for a negative finding for oxycodone; the IW was taking Norco instead of oxycodone, paying for it on her own. Previous lab testing included CBC (with differential) (8-25-2014), urinalysis (8-25-2014) and UDS (10-6-2014). A Request for

Authorization dated 7-9-2015 asked for one complete urinalysis; one UDS (urine drug screen) and alcohol; one CBC (includes differential and platelets); one GGT; and one prescription of Fentanyl 50mcg per hour, #15. The Utilization Review on 7-28-2015 denied the request for one UDS (urine drug screen) and alcohol due to previous recommendations for tapering of opioid medication and lack of clinical indications of alcohol misuse or abuse. The request for Fentanyl was modified to a quantity of 5 for tapering purposes due to lack of documentation of improvement in pain and functional level. The request for one CBC (includes differential and platelets) and one GGT was denied due to lack of documentation of clinical indications for the testing. The progress report dated July 9, 2015 indicates that the carrier has refused to cover all opioids and she is miserable by her own report. The note indicates that the risks and benefits of the medications have been discussed with her and informed consent has been obtained. The note goes on to state that the patient's pain score with medicine is 2/10 and without medication is 8/10. The patient noted that her pain interfered with her activities at a 3/10 level. With medication, the patient is able to fulfill daily household responsibilities and without medication, the patient cannot get dressed and stays at home all day. An opiate risk tool was used which placed the patient in a moderate risk category for opiate misuse, abuse, and a version. A urine toxicology test was most recently performed in April 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) complete urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, specific drug list & adverse effects and Other Medical Treatment Guidelines https://www.nlm.nih.gov/medlineplus/ency/article/003579.htm.

Decision rationale: Regarding the request for Urinalysis, California MTUS does not contain criteria for this request. ODG states that when patients are taking NSAIDs they should have regular monitoring including CBC and comprehensive metabolic panel including kidney function and liver function tests. Within the documentation available for review, there is no statement indicating why urinalysis would be required for this patient. The patient is taking NSAIDs, but it is unclear why comprehensive metabolic panel with renal function testing would be insufficient to address any concerns the prescriber may have. In the absence of clarity regarding that issue, the currently requested urinalysis is not medically necessary.

One (1) UDS and alcohol: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) 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. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, the patient is noted to be in a moderate risk category for opiate misuse, abuse, and aversion. Therefore, guidelines support the use of urine toxicology testing 2-3 times per year. As such, the currently requested urine toxicology test is medically necessary.

One (1) prescription of Fentanyl 50mcg/hr #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Fentanyl 50mcg/hr #15, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with non-intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Fentanyl 50mcg/hr #15 is medically necessary.

One (1) CBC (includes DIFF/PLT): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, specific drug list & adverse effects and Other Medical Treatment Guidelines x Other Medical Treatment Guideline or Medical Evidence: Complete Blood Count (http://labtestsonline.org/understanding/analytes/cbc/tab/test).

Decision rationale: Regarding the request for CBC, California MTUS does not contain criteria for this request. ODG states that when patients are taking NSAIDs they should have regular monitoring including CBC and comprehensive metabolic panel including kidney function and liver function tests. Within the documentation available for review, the patient is taking NSAIDs, and it appears that the most recent CBC was over one year ago. As such, the currently requested CBC is medically necessary.

One (1) GGT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, specific drug list & adverse effects and Other Medical Treatment Guidelines https://labtestsonline.org/understanding/analytes/ggt/tab/test/.

Decision rationale: Regarding the request for CBC, California MTUS does not contain criteria for this request. ODG states that when patients are taking NSAIDs they should have regular monitoring including CBC and comprehensive metabolic panel including kidney function and liver function tests. GGT is a test of liver function. Within the documentation available for review, the patient is taking NSAIDs, and it appears that the most recent lab testing was over one year ago. As such, the currently requested GGT is medically necessary.