

Case Number:	CM15-0182424		
Date Assigned:	09/23/2015	Date of Injury:	08/05/2014
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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: New York

Certification(s)/Specialty: Internal 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 67-year-old female, with a reported date of injury of 08-05-2014. The diagnoses include bilateral cervical radicular syndrome, multi-level cervical spine stenosis, concussion with brief loss of consciousness, blunt head trauma, post-traumatic syndrome, diabetes, high blood pressure, and depression. Treatments and evaluation to date have included topical pain medications, Cambia (since at least 12-2014), Tramadol, Cymbalta, alprazolam, Zipsor, Amlodipine, balance therapy (made condition worse), Depakote, Pantoprazole, Glipizide, Atenolol, Metformin, and physical therapy. The diagnostic studies to date have included an x-ray of the left shoulder on 04-20-2015 which showed mild osteoarthritis with a small osteophytic spur from the inferomedial aspect of the humeral head; electrodiagnostic studies of the 01-27-2015 which showed bilateral carpal tunnel syndrome; an MRI of cervical spine on 11-10-2014 which showed multi-level spondylosis with congenital and degenerative central canal stenosis, multi-level mass effect on the spinal cord, and degenerative foraminal stenosis; an MRI of the brain on 09-15-2015 which showed evidence of ischemia myelinolysis and a mild degree of colossal membrane thickening of the maxillary sinuses; a CT scan of the brain on 08-05-2014 which showed microvascular ischemic disease with small bilateral basal ganglia old lacunar infarctions; a CT scan of the cervical spine on 08-05-2015 which showed mild grade 1 retrolisthesis of C5 on C6 and multi-level degenerative changes from C4-5 through C6-7; an MRI of the brain on 09-15-2014; a diagnostic audiological and balance evaluation on 03-30-2015, 04-10-2015, and 05-12-2015; and an MRI of the brain on 01-12-2015 which showed mild chronic small vessel white matter ischemic changes, and hypoplasia of the right maxillary

sinus. The medical report dated 08-13-2015 indicates that the injured worker was "no better". She continued to complain of headaches that were rated 6-8 out of 10, and were diffuse and present all day long. The injured worker had trouble with concentration and memory, and at times she seemed very confused. She was dizzy, and her balance was poor. It was noted that blood tests were previously ordered. The treating physician indicated that "the patient is not really much worse but she is failing to improve". The physical exam showed a blood pressure of 125 over 75; a pulse of 68; fluent speech; alert and tangential; questions not answered directly; poor short-term memory; diffusely diminished deep tendon reflexes; mildly diffuse weakness; poor balance; and a slightly broad-based gait. The treating physician prescribed medications and reordered a few blood test to assess the injured worker's current metabolic condition and to determine whether or not there was any other potential cause for her current lingering symptoms. The treating physician requested a CBC (complete blood count), a CMP (comprehensive metabolic panel), T4 (thyroxine test), TSH (thyroid-stimulating hormone), Vitamin B12 and Folate, Sedimentation rate, and Cambia 50mg (powder packets) #63. On 09-10-2015, Utilization Review (UR) non-certified the request for a CBC (complete blood count), a CMP (comprehensive metabolic panel), T4 (thyroxine test), TSH (thyroid-stimulating hormone), Vitamin B12 and Folate, Sedimentation rate, and Cambia 50mg (powder packets) #63.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDS) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver 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 injured worker is diagnosed with Post- concussion syndrome, with multiple chronic symptoms, including daily headaches, poor memory, dizziness, poor balance and diffuse pain. Documentation at the time of requested service under review fails to provide results of previous labs and there is no report of acute exacerbation of symptoms to support the request for additional testing. The request for CBC QTY: 1 is not medically necessary per guidelines.

CMP QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). 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. The injured worker is diagnosed with Post- concussion syndrome, with multiple chronic symptoms, including daily headaches, poor memory, dizziness, poor balance and diffuse pain. Documentation at the time of requested service under review fails to provide results of previous labs and there is no report of acute exacerbation of symptoms to support the request for additional testing. The request for CMP QTY: 1 is not medically necessary per guidelines.

T4 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.dynamed.com/. www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. Blood tests used in the diagnosis of Thyroid disorders include Thyroid Stimulating Hormone level and T4. The injured worker is diagnosed with Post- concussion syndrome, with multiple chronic symptoms, including daily headaches, poor memory, dizziness, poor balance and diffuse pain. Physician reports fail to show acute exacerbation of symptoms or objective clinical findings on physical examination to support the suspicion of other pathology consistent with Thyroid Disease, including autoimmune thyroiditis. The request for T4 QTY: 1 is not medically necessary.

TSH 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.dynamed.com, www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. Blood tests used in the diagnosis of Thyroid disorders include Thyroid Stimulating Hormone level and T4. The injured worker is diagnosed with Post- concussion syndrome, with multiple chronic symptoms, including daily headaches, poor memory, dizziness, poor balance and diffuse pain. Physician reports fail to show acute exacerbation of symptoms or objective clinical findings on physical examination to support the suspicion of other pathology consistent with Thyroid Disease, including autoimmune thyroiditis. The request for TSH QTY: 1 is not medically

Vitamin B12/Folate 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.dynamed.com/.

Decision rationale: MTUS does not address this request. Diagnostic testing in patients with suspected Vitamin B12 deficiency includes Complete Blood Count and smear to look for macrocytosis, serum Cobalamin level, Methylmalonic acid and/or plasma total Homocysteine levels. In patients with clinical suspicion of vitamin B12 deficiency and indeterminate serum cobalamin level, additional testing may be performed including serum folic acid and iron levels, to determine other underlying cause. Fasting serum gastrin level and serum pepsinogen level may also be measured to help identify atrophic gastritis. Symptoms of Vitamin B12 deficiency can vary in severity depending on the degree and duration of deficiency. Typical symptoms include fatigue, glossitis, and neurologic deficits such as ataxia (shaky movements and unsteady gait), muscle weakness, spasticity (stiff or rigid muscles), incontinence (lack of bladder and/or bowel control), hypotension (low blood pressure), vision problems, dementia, psychoses (abnormal condition of the mind), and mood disturbances. The injured worker is diagnosed with Post- concussion syndrome, with multiple chronic symptoms, including daily headaches, poor memory, dizziness, poor balance and diffuse pain. Physician reports fail to show acute exacerbation of symptoms or objective clinical findings on physical examination to establish the medical necessity for ordering Vitamin B12 or Folic acid level. The request for Vitamin B12/Folate QTY: 1 is not medically necessary.

Sed rate QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation www.mayoclinic.org/.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDS) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Sed rate, or erythrocyte sedimentation rate (ESR), is a blood test that is used to indicate the levels of inflammation in the body. The injured worker is diagnosed with Post-concussion syndrome, with multiple chronic symptoms, including daily headaches, poor memory, dizziness, poor balance and diffuse pain. Physician reports fail to show acute

exacerbation of symptoms or objective findings of inflammation to support the request for checking sedimentation rate. The request for Sed rate QTY: 1 is not medically necessary.

Cambia 50mg (powder packets) QTY: 63: Upheld

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. Cambia (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID), used to treat a migraine headache attacks, with or without aura. It is not used to prevent Migraine. The injured worker is diagnosed with Post- concussion syndrome, and complains of daily headache. Physician report at the time of the request under review fails to show evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Cambia 50mg (powder packets) QTY: 63 is not medically necessary.