

<b>Case Number:</b>	CM15-0206023		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/16/2001
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Arizona, Texas

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 38 year old female who sustained an industrial injury October 16, 2001. Past history included a right and left ankle fracture, asthma, and L4-5 fusion 2011. According to a treating physician's office visit notes dated August 10, 2015, the injured worker returns two weeks status post L3-4 XLIF (lateral lumbar interbody fusion) July 21, 2015. She reported already feeling better with no unforeseen complaints. Physical examination revealed; incision healing well; neurovascular status intact; no evidence of DVT (deep vein thrombosis) or hematoma. The physician documented; "new x-rays show the hardware in place without signs of failure." The physician further commented that through the use of electric magnetic waves he dispensed and explained the use of the bone growth stimulator. She left the office with the device on and working properly. Diagnosis is documented as post-laminectomy syndrome of lumbar region. A primary treating progress report August 31, 2015, finds the injured worker with back pain, rated 5 out of 10 with stiffness and numbness in the right and left leg, with radicular pain and weakness. The physician documented she is unable to obtain many of her medications for chronic pain and there is a marked decompensation in her clinical status. Treatment plan included a lab workup, resign the narcotic agreement and medication. At issue, is a request for authorization dated September 1, 2015, for Inderal, outpatient labs including electrocardiogram (EKG) and urine drug screen every three months. According to utilization review dated September 16, 2015, the request for Cymbalta is certified. The requests for outpatient labs including EKG, urine drug screen every (3) months, and Inderal 20mg #60 with (3) Refills were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Outpatient labs including electrocardiogram (EKG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Drug information, Inderal, Percocet, Cymbalta, Zanaflex.

**Decision rationale:** The MTUS is silent regarding outpatient labs including electrocardiograms and the use of inderal for chronic pain. The injured worker is a 38-year-old female with chronic back pain. The office visit dated 8/31/15 is reviewed. The documentation does not support that the patient has a diagnosis of migraine headache or hypertension. There are no subjective complaints that would be considered cardiac in nature. The blood pressure is 136/74 and there is no examination of the cardiovascular system. According to Uptodate.com, inderal is FDA approved for the management of hypertension; angina pectoris; pheochromocytoma; essential tremor; supraventricular arrhythmias (such as atrial fibrillation and flutter, AV nodal re-entrant tachycardias), ventricular tachycardias (catecholamine-induced arrhythmias, digoxin toxicity); prevention of myocardial infarction; migraine headache prophylaxis; symptomatic treatment of obstructive hypertrophic cardiomyopathy (formerly known as hypertrophic subaortic stenosis); treatment of proliferating infantile hemangioma requiring systemic therapy. The patient is noted to be taking Percocet, Zanaflex and Cymbalta for pain. According to Uptodate.com these medications do not require monitoring with an outpatient ECG. Furthermore, the patient did not have high blood pressure or any cardiac complaints. The patient does not have any medical indications documented for either inderal or an outpatient ECG. The medical necessity for inderal and an ECG is not made. Therefore, the request is not medically necessary.

### **Urine Drug Screen every 3 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case, the documentation doesn't support that the provider is concerned regarding drug misuse or abuse. The request for UDS is not medically necessary.

### **Inderal 20mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Zanaflex, Percocet, Cymbalta.

**Decision rationale:** The MTUS is silent regarding outpatient labs including electrocardiograms and the use of inderal for chronic pain. The injured worker is a 38-year-old female with chronic back pain. The office visit dated 8/31/15 is reviewed. The documentation does not support that the patient has a diagnosis of migraine headache or hypertension. There are no subjective complaints that would be considered cardiac in nature. The blood pressure is 136/74 and there is no examination of the cardiovascular system. According to Uptodate.com, inderal is FDA approved for the management of hypertension; angina pectoris; pheochromocytoma; essential tremor; supraventricular arrhythmias (such as atrial fibrillation and flutter, AV nodal re-entrant tachycardias), ventricular tachycardias (catecholamine-induced arrhythmias, digoxin toxicity); prevention of myocardial infarction; migraine headache prophylaxis; symptomatic treatment of obstructive hypertrophic cardiomyopathy (formerly known as hypertrophic subaortic stenosis); treatment of proliferating infantile hemangioma requiring systemic therapy. The patient is noted to be taking Percocet, Zanaflex and Cymbalta for pain. According to Uptodate.com these medications do not require monitoring with an outpatient ECG. Furthermore, the patient did not have high blood pressure or any cardiac complaints. The patient does not have any medical indications documented for either inderal or an outpatient ECG. The request for inderal and an ECG is not medically necessary.