

<b>Case Number:</b>	CM15-0020932		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old [REDACTED] who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 19, 2008. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve a request for Lidoderm and Colace. In the a separate Utilization Review Report of the same date January 22, 2015, the claims administrator failed to approve a request for laboratory testing. A January 14, 2015 progress note was referenced. The applicant's primary pain generator was the low back, it was suggested. A variety of non-MTUS guidelines were invoked to deny the laboratory testing. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated January 8, 2015, the medical-legal evaluator noted that the applicant had alleged multifocal complaints of neck, knee, and bilateral shoulder pain reportedly associated with cumulative trauma at work. The applicant had developed ancillary complaints of depression. The applicant was off of work, on total temporary disability, it was acknowledged. On December 16, 2014, the applicant reported ongoing issues of shoulder pain. Colace was endorsed. The applicant was apparently and possibly pursuing a shoulder replacement surgery. The applicant was placed off of work, on total temporary disability. Dietary supplements were endorsed. The applicant is also using Norco, Neurontin, OxyContin, and Lidoderm patches. Some paresthesias were noted about the left upper extremity. On January 21, 2015, the applicant again reported ongoing issues with shoulder and neck. The applicant was, once again, placed off of work, total temporary disability; OxyContin, Norco, and Neurontin were endorsed. In an associated progress note of the same date, the attending provider stated that he was seeking

metabolic testing to assess the applicant's renal and hepatic function. The attending provider did not, however, state why he was seeking a rheumatoid factor, TSH, sed rate, ANA, or CRP, however.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Labs CMP, CBC, SED, ANA, CRP, RHEUMATOID FACTOR, TSH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.healthcarecompliance.info/cbc.htm>; Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** No, the request for laboratory testing to include a CMP, CBC, sed rate (erythrocyte sedimentation rate), ANA, CRP, rheumatoid factor, and TSH was not medically necessary, medically appropriate, or indicated here. While the CBC and CMP components of the request could have been supported on the grounds that page 70 of the MTUS Chronic Pain Medical Treatment Guidelines supports intermittent assessment of an applicant's renal, hepatic, and hematologic function in individuals using NSAIDs or, by analogy, Tylenol containing drugs such as the Norco reportedly being employed here, several other components to the request, namely the erythrocyte sedimentation rate, ANA, CRP, rheumatoid factor, and TSH cannot be supported. ACOEM Chapter 9, page 208 notes that test for autoimmune disease such as the ESR, CRP, ANA, etc., at issue, should be used to confirm clinical impressions of suspected inflammatory or autoimmune disease, as opposed to using the same as screening test in a shotgun approach to identify the source of shoulder pain complaints. Here, the applicant already has a known, establish diagnosis of shoulder osteoarthritis. It is not clear why rheumatoid testing was proposed via the sed rate, ANA, CRP, and rheumatoid factor. Since multiple components of the request cannot be supported, the request was not medically necessary.

**Lidoderm patches 5 percent:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Similarly, the request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's

ongoing usage of gabapentin, a first-line oral anticonvulsant and adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.

**Docusate 250mg # 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** The request for Docusate (Colace), a stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. Here, the applicant was/is using Norco, an opioid agent. Prophylactic providing Colace, a stool softener/laxative agent, was indicated in conjunction with the same. Therefore, the request is medically necessary.