

Case Number:	CM15-0217696		
Date Assigned:	11/09/2015	Date of Injury:	04/21/1999
Decision Date:	12/28/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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:

The injured worker is a 40 year old male who sustained an industrial injury on 4-21-99. A review of the medical records indicates he is undergoing treatment for insomnia, reflex sympathetic dystrophy of the lower extremity, foot pain, arthritis, long-term use of opiate analgesics, pain involving the ankle and foot joint, chronic pain due to trauma, and hypertension. Medical records (9-25-15) indicate complaints of left foot pain, rating "8 out of 10" without medications and "5 out of 10" with medications. He reports that his pain is "worse". Aggravating factors of his pain include ascending and descending stairs, daily activity, jumping, lifting, running, standing, and walking. Relieving factors include pain medications. The physical exam reveals an antalgic gait. "Flexibility" is noted to be limited. Tenderness is noted over the anterior ankle. Crepitus is noted. His medications include Lisinopril, Metoprolol, Ativan, Ambien, and Buprenorphine. The treating provider indicates that he has previously tried Norco, Vicodin, Tylenol #3, and Ultram. However, the provider indicates that the injured worker "did not like" these medications, as he had side effects of "feeling jittery, antsy, and then he crashes". The provider indicates that the injured worker "has not wanted to move up to the higher level opioids". The record indicates that the injured worker was provided with Buprenorphine, but that insurance denied payment. The injured worker paid for the medication out-of-pocket for one month, which costs "\$220". The injured worker indicates that he cannot afford the medication. He indicated that he would like to "go back on Norco until this all gets straightened out". The treating provider indicates that the injured worker "suffered withdrawal from Buprenorphine due to the workman's comp denial". He has been off the medication since the end of August.

The provider indicates that the plan is to "switch back to Norco as he can afford this". A Chem 19, CBC, Urinalysis, TSH, and urine drug screen was completed on 12-8-14. The drug screen was negative for all tested drugs. The injured worker is working full-duty per report. His work status is listed as "Permanent and Stationary". The utilization review (10- 20-15) includes requests for authorization of one prescription of Hydrocodone-Acetaminophen 10-325mg #150 and one Chem 20 panel. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone-Acetaminophen 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The 40 year old patient complains of left foot pain, as per progress report dated 09/25/15. The request is for 1 prescription of hydrocodone-acetaminophen 10/325mg #150. The RFA for this case is dated 10/20/15, and the patient's date of injury is 04/21/99. Diagnoses, as per progress report dated 09/25/15, included foot pain, arthritis, RSD of lower extremity, pain in joint involving ankle and foot, chronic pain due to trauma, hypertension, and insomnia. The patient is status post three reconstructive left foot surgeries. Medications also included Lisinopril, Metoprolol, Ativan, Ambien, and Buprenorphine. The patient is able to work full-time as a heavy equipment mechanic and also rides his bike, as per the same report. 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." In this case, Norco was first noted in progress report dated 01/23/12. As per progress report dated 09/25/15, the patient has been on Suboxone for five to six months. The medications help reduce pain from 8/10 to 5/10. The treater also states that the patient "has demonstrated meaningful improvement in pain interference and/or function using validated instruments as well as quality of life." As per the same report, the patient was administered the American Quality of Life Scale, and its findings indicated that with medications, the patient is "able to go to work/volunteer each day. Normal activities each day. Has a social life outside of

work. Take an active part in family life." Without medications the patient is able to "work/volunteer/is active eight hours daily. Take part in family life. Outside social activities limited." The treater also states COAT allows the patient "to retain IADL's/ADL's and improves their quality of life." There are no side effects and no evidence of current substance use disorder. The patient is at low risk for dependency and aberrant behavior, based on Opiate Risk Tool (ORT). In a prior report dated 02/09/15, while presenting a rebuttal to denial of Suboxone, the treater states that the patient "was simply unable to tolerate the side effects as Ultram, Norco and the like made him 'jittery.'" A sample for UDS was collected during the 05/22/15 visit. It is evident that opioids have a significant impact on the patient's pain. However, as per American Quality of Life Scale findings documented in progress report dated 09/25/15, the patient is able to "work/volunteer/is active eight hours daily. Take part in family life" without medications as well. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Given the patient's ability to work and function well without medications as well, the use of Norco is not medically necessary.

Chem 20 panel: 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 Official Disability Guidelines (ODG) Lumbar & Thoracic Chapter under Preoperative lab testing.

Decision rationale: The 40 year old patient complains of left foot pain, as per progress report dated 09/25/15. The request is for Chem 20 panel. The RFA for this case is dated 10/20/15, and the patient's date of injury is 04/21/99. Diagnoses, as per progress report dated 09/25/15, included foot pain, arthritis, RSD of lower extremity, pain in joint involving ankle and foot, chronic pain due to trauma, hypertension, and insomnia. The patient is status post three reconstructive left foot surgeries. Medications also included Lisinopril, Metoprolol, Ativan, Ambien, and Buprenorphine. The patient is able to work full-time as a heavy equipment mechanic and also rides his bike, as per the same report. As per Medlineplus, a service of the [REDACTED], 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 Low Back Lumbar & Thoracic Chapter under Preoperative lab testing has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." ODG guidelines, Low Back-Thoracic & Lumbar chapter under Preoperative lab testing states: Criteria for Preoperative lab testing: Preoperative urinalysis is

recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, none of the progress reports discuss the purpose of a Chem 20 panel. There is no indication of an impending surgery. This patient does present with chronic pain, however, without evidence of an existing liver disease, hematological disease, or existing coagulopathy, such diagnostic tests are excessive and unnecessary. The ODG does not support such testing procedures in patients who do not present with comorbidities. Hence, the request is not medically necessary.