

<b>Case Number:</b>	CM15-0031591		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/05/1998
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Pennsylvania  
 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:

This is a 50 year-old female who has reported mental illness, internal medicine conditions, and widespread pain of gradual onset attributed to office work, with a listed injury date of 8/5/98. The diagnoses have included substance abuse disorder, depression, anxiety, insomnia, abdominal pain, asthma, constipation, headaches, low back pain, and fibromyalgia. Treatment has included many medications, psychotherapy, injections, and an occipital nerve stimulator. Treating physician reports during 2014 reflect periodic visits for medications and referrals. Some of the medications were for internal medicine conditions, including gastrointestinal conditions. A lab report of 3/10/14 was reportedly positive for H. Pylori, and had slightly abnormal results for other tests. The treating physician did not provide an assessment of these results. A urine drug screen of 2/17/14 was reportedly positive for tetrahydrocannabinol (THC) and hydromorphone. The injured worker was seen in the Emergency Department in May 2014 for IV opioid administration. A urine drug screen on 5/17/14 was positive for alprazolam and butalbital. A urine drug screen on 6/10/14 was positive for butalbital and pentobarbital. The treating physician report of 6/10/14 lists butalbital and hydrocodone as current medications. Opana was started. Reports during 2014 mention a detox program, without giving specific details and indications. The report of 6/10/14 states that a detox program was authorized and was pending. Emergency Department visits on 11/16/14 and 1/14/15 for back and abdominal pain resulted in extensive blood testing and parenteral opioids. None of the treating physician reports discuss the results of the drug tests, blood tests, or urine tests. Muscle relaxants have been prescribed over time, with no reports discussing the specific results of use. On 1/15/15 the treating neurosurgeon prescribed

a brain MRI for "rule-out stroke". A urine drug screen was to "check medication level". A sleep study was for "severe insomnia". A detox program was for "prolonged period of time" narcotic use. The blood tests and urinalysis were "to check medication levels". The orthopedic referral was for "pain in limb". The report accompanying these requests was from 10/14/14. Although there were brief references to some of these conditions and tests, there were not sufficient indications presented for any of the requests. None of the prior reports from this physician adequately address any of the requests either. On 1/20/15 Utilization Review non-certified the tests now under Independent Medical Review. Cyclobenzaprine was partially certified and gabapentin was certified. A detox program was non-certified. The MTUS and the ODG were cited. Note was made of a normal brain MRI on 10/6/14.

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

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

#### **Cyclobenzaprine 7.5 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine; muscle relaxants Page(s): 41-42; 63-66.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

#### **MRI with and without contrast of the brain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: MRI.

**Decision rationale:** The MTUS does not address the indications for a brain MRI. The Official Disability Guidelines recommends a brain MRI "To determine neurological deficits not

explained by CT, To evaluate prolonged interval of disturbed consciousness, To define evidence of acute changes super-imposed on previous trauma or disease". MRI of the brain on 10/6/14 showed no acute intracranial pathology. There are no reports from the treating physician which provide current indications in light of the previous, normal MRI. There are no findings which meet the Official Disability Guidelines recommendations. The MRI is not medically necessary in light of the guideline recommendations.

**Urine toxicology test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use or the presence of illegal drugs; Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control; Opioid contracts: (9) Urine drug screens may be required; Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94; 43, 77; 78; 89; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens United States Department of Transportation, 49 CFR Part 40, Drug and Alcohol Regulations.

**Decision rationale:** The treating physician has stated that a urine drug screen is to check medication levels. No specific medications were discussed. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The treating physician has not listed any other reasons to do the urine drug screen aside from the very non-specific reason of checking for unspecified medication levels. The injured worker failed all the prior urine drug screens and none of those results were discussed by the treating physicians and prescribing continued without any changes. The MTUS recommends random drug testing, not at office visits or regular intervals. Testing has not been random. The details of any proposed testing were not provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The treating physician is requested to address these issues to ensure that testing is done appropriately and according to guidelines. Strict collection procedures must be followed, testing should be appropriate and relevant to this patient, and results must be interpreted and applied correctly. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, the outstanding questions regarding the testing process, and the prior failed drug tests, the urine drug screen is not medically necessary.

**Blood test (CBC, Comprehensive Metabolic Panel, Urinalysis, Neurontin Blood levels, Pylori, Liver Panel, Lipid):** 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 Other Medical Treatment Guideline or Medical Evidence: Crowe, Sheila. Indications and diagnostic tests for Helicobacter pylori infection. In Up-to-date, edited by Ted. W. Post, published by Up-to-date in Waltham, MA, 2015. Penner, Robert. Diagnostic approach to abdominal pain in adults. In Up-to-date, edited by Ted. W. Post, published by Up-to-date in Waltham, MA, 2015. Gabapentin: drug information. In Up-to-date, edited by Ted. W. Post, published by Up-to-date in Waltham, MA, 2015.

**Decision rationale:** The requested tests are many and varied, and could have many possible indications. The only stated indication is that of checking medication levels. This is not a valid indication for these tests. These tests have been performed on multiple occasions in 2014, by the treating physician as well as in the Emergency Department during visits for pain. None of these results have been discussed by the treating physician, and no indications were given for repeating these tests. A test for H. pylori performed in March 2014 was positive. Lipid panel and CBC were performed in March 2014. Liver function tests were performed at an ER visit in January 2015. No clinical findings relevant to the tests requested were discussed by the treating physician. The requested tests are not medically necessary due to the lack of sufficient clinical information to support doing these tests.

**Orthopedic consultation for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** The MTUS recommends a surgical consultation for persistent activity limitation, failure of conservative care, and for specific surgical conditions. The treating physician has not provided evidence that meets these criteria. The stated indication, that of pain in the limb is not sufficient. The referral is therefore not medically necessary.

**Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Sleep Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Polysomnography and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005;28(4):499-521.

**Decision rationale:** The MTUS does not provide direction for evaluating or treating sleep disorders. The American Academy of Sleep Medicine (AASM) has published practice parameters for polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders (SRBD), other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation "should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems." "The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed."The Official Disability Guidelines recommend polysomnography under some circumstances, including: "Excessive daytime somnolence; Sleep-related breathing disorder or periodic limb movement disorder is suspected; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended."The treating physician has not provided sufficient indications for this study in light of the published guidelines and medical evidence. There is no evidence of a thorough medical evaluation that establishes the presence of all relevant medical conditions. The recommended prior conservative care prior to ordering a sleep study, per the Official Disability Guidelines, has not been completed. A sleep study is not medically necessary based on lack of sufficient medical evaluation and the lack of sufficient current indications.