MAXIMUS Federal Services

Case Number:	CM15-0036972		
Date Assigned:	04/01/2015	Date of Injury:	06/01/2012
Decision Date:	05/01/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/27/2015

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, Florida, 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 injured worker is a 37 year old, male, who sustained a work related injury on 6/1/12. The diagnoses have included chronic low back pain and left knee pain. Treatments have included MRIs of lumbar spine on 3/18/10 and 4/26/13, medications, ice, lumbar epidural steroid injection on 2/3/15, physical therapy, left knee surgery and stretching exercises. In the Occupational Follow-Up Visit note dated 12/18/14, the injured worker complains of back pain that radiates down left leg. He rates the pain a 7-8/10. He has tenderness to palpation of paravertebral musculature. The pain interferes with his sleep. He complains of numbness and tingling in left thigh. He has left knee pain. He rates this pain a 7/10. He states he feels "clicking, catching and grinding." The left knee is tender to touch. He walks with a noticeable limp to left leg. He walks with use of a cane. The treatment plan is continue with medications. The requested treatment of lab work and a TENS unit not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: TSH, CBC (includes Differential/PLT), Chem 19, GGT, Testo (free & total, LC/MS/MS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/.

Decision rationale: The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is appropriate non-certified & not medically necessary under the medical sources reviewed.

TENS Unit (purchase) QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is appropriately non certified & not medically necessary.

Lab: Carisoprodol Serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institute of Healthhttp://www.nhlbi.nih.gov/health/health-topics/topics/bdt/.

Decision rationale: The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. Further, clinical response to a medicine, rather than measuring the levels in the serum, is generally how the benefit of the medicine is assessed. The request is appropriately non-certified & not medically necessary.

Labs: Acetaminophen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institute of Healthhttp://www.nhlbi.nih.gov/health/health-topics/topics/bdt/.

Decision rationale: The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. Further, clinical response to a medicine, rather than measuring the levels in the serum, is generally how the benefit of the medicine is assessed. The request is appropriately non-certified & not medically necessary.

Labs: Hydrocodone and metabolite serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/.

Decision rationale: The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. Further, clinical response to a medicine, rather than measuring the levels in the serum, is generally how the benefit of the medicine is assessed. The request is appropriately non-certified & not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29 of 127.

Decision rationale: The MTUS notes regarding Soma, also known as carisoprodol:"Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use." There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately non-certified & not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for

long-term opiate usage is not certified per MTUS guideline review and is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

Decision rationale: The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is not medically necessary and appropriately non-certified.