

Case Number:	CM15-0081241		
Date Assigned:	05/01/2015	Date of Injury:	10/30/2006
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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, Indiana, New York
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 63 year old male who sustained an industrial injury on October 30, 2006. Previous treatment includes TENS unit, EMG/NCS of the lower extremities, orthotics, home exercise program and medications. Currently the injured worker complains of increased low back pain. Diagnoses associated with the request include tendinoligamentous injury of the right elbow, lateral epicondylitis of the right elbow, cubital tunnel syndrome of the right elbow, tendinoligamentous injury of the right wrist, and carpal tunnel syndrome of the right wrist. The treatment plan includes laboratory blood analysis, home exercise program, activity modification, medications and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone panel and Comprehensive Metabolic Panel (CMP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, testosterone panel and comprehensive metabolic panel (CMP) are not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are tendino-ligamentous injury right elbow; lateral epicondylitis; cubital tunnel syndrome; tendino-ligamentous injury wrist; carpal tunnel syndrome right wrist. There was no documentation in the medical record demonstrating a clinical indication or rationale for a testosterone panel or a comprehensive metabolic profile. Documentation from a March 19, 2015 progress note states, in the subject of section, the worker has decreased energy and feels exhausted. This cycles once every six months. His testosterone was low in the past. The action/plan section states "blood work up was ordered that included a CMP and testosterone panel." There were no low testosterone levels documented medical record nor was the injured worker taking testosterone replacement. There is no indication or rationale for a comprehensive metabolic profile in the medical record documentation. There was no clinical rationale for testosterone panel. A testosterone level to start with is sufficient. There is no explanation or breakdown for a testosterone panel. Consequently, absent clinical documentation with a clinical indication and rationale for both testosterone and a comprehensive metabolic profile, testosterone panel and comprehensive metabolic panel (CMP) are not medically necessary.

Norco 10/325, take one three times a day, #90, no refills (RFA dated 4-2-15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #90 with no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about

ineffectiveness. In this case, the injured worker's working diagnoses are tendinoligamentous injury right elbow; lateral epicondylitis; cubital tunnel syndrome; tendinoligamentous injury wrist; carpal tunnel syndrome right wrist. The documentation in the medical record shows the treating provider requested Norco 10/325 #90 in a March 19, 2015 progress note. The Norco 10/325#90 was approved on April 1, 2015. On April 2, 2015, a request for authorization indicated Norco 10/325 mg #90 with no refills was requested. Utilization review physician sent an additional information request to clarify whether the Norco 10/325 from April 2 was a duplicate. There is no clinical indication or rationale for a second prescription based on the documentation in the medical record. Consequently, absent compelling clinical documentation with a clinical indication/rationale for a second Norco 10/325 mg prescription (one day after a first prescription was written), Norco 10/325mg #90 with no refills is not medically necessary.