

Case Number:	CM14-0120681		
Date Assigned:	09/16/2014	Date of Injury:	05/05/2010
Decision Date:	10/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old who was injured on May 5, 2010. The mechanism of injury is unknown. Prior medication history included Hydrocodone, Motrin, Diovan, metoprolol, lidocaine patch 5% and Lipitor. Toxicology report dated July 1, 2014 detected hydrocodone and Norco. First report dated July 1, 2014 documented the patient to have complaints of chronic knee pain and right knee pain. She rated her pain as 7/10 with medications and 2-3/10 with medications. On exam, there were significant findings documented. The patient has been recommended for lab work including TSH, UDS, and HgA1c and instructed to continue Lidocaine patch 5%. Prior utilization review dated July 15, 2014 states the request for Lab TSH; HgA1C; Urine drug screen; and Lidocaine patch 5% #60 is not certified as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestonline.org

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: <http://www.webmd.com/women/thyroid-stimulating-hormone-tsh>

Decision rationale: The guidelines recommend TSH screening to evaluate for thyroid disease. The clinical notes did not discuss the indication for blood testing. The patient's signs/symptoms consistent with thyroid disease were not discussed in detail. There was insufficient discussion within the assessment/plan about the TSH blood test and it is unclear why the test is being ordered. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for a lab TSH is not medically necessary or appropriate.

HgA1C lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestonline.org

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: <http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm>

Decision rationale: The guidelines recommend Hemoglobin A1c as an option for screening for diabetes mellitus or monitoring patients with known diabetes. The clinical notes did not discuss the Hemoglobin A1c testing in sufficient detail in the assessment/plan. It is unclear if the patient has had diabetic screening or a diagnosis in the past. The patient's blood sugar on 09/08/14 was 98 which should be sufficient as a screening test for DM. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for HgA1C lab test is not medically necessary or appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation ODG Pain chapter: Urine Drug, Urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The guidelines recommend urine drug screening to screen for substance abuse or monitoring of patients on chronic opioid therapy. In general, screening on a yearly basis is sufficient for patients on chronic opioid therapy at low risk for abuse. The clinical notes did not discuss the patient's history of aberrant behavior or risk for substance abuse. The notes did not discuss when the patient's previous UDS was and what the results were at that time. From the notes provided it is unclear why a UDS is being ordered. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for a urine drug screen is not medically necessary or appropriate.

Lidocaine patch 5%, sixty count: 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), Pain, Lidoderm

Decision rationale: The guidelines recommend lidocaine patch for localized neuropathic pain after a trial of first-line therapy. First-line therapy for neuropathic pain is a tri-cyclic or SNRI anti-depressant or AED such as lyrica or gabapentin. The clinical documents state the patient is on an SNRI, Fetzima. However, the clinical documents did not identify the patient as having localized neuropathic pain. The patient's main complaints are chronic knee pain but there are no significant finds of neuropathic pain. The documents did not provide adequate justification for use of lidocaine patch outside of current guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Lidocaine patch 5%, sixty count, is not medically necessary or appropriate.