

<b>Case Number:</b>	CM14-0121262		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 63 year old female who was injured on 12/15/2004. Prior treatment history has included 19 sessions of physical therapy, Norco, Gabapentin, Excedrin, Paroxetine, Atorvastatin, clonazepam and Bisacodyle. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/12/2014 revealed degenerative disk disease, facet arthropathy and ligamentum flavum redundancy contributes to mild to moderate bilaterally L4-5 lateral recess narrowing; multilevel facet disease but no levels of high grade canal stenosis. A progress report dated 05/13/2014 indicates the patient presented with complaints of neck pain rated as 7/10 with radiation to the right shoulder at rest. The pain increases to an 8/10 with activity. She also reported right upper and lower extremity pain and low back pain that is also aggravated by prolonged activities. On exam, she is unable to toe or heel walk. The foot and ankle demonstrated lateral ankle ecchymosis. She has tenderness over the anteromedial tibia. The knee range of motion is 0 to 130 degrees without tenderness. Faber test causes pain. She has diagnoses including lumbar degenerative disk disease with L4-5 bilaterally stenosis and L5-S1 right foraminal stenosis; right shoulder bursitis/tendinitis, impingement syndrome, cervical degenerative disk disease; cervical degenerative disk disease, right knee pain and osteoarthritis of the right hip. The patient was recommended for a subacromial right shoulder arthroscopic decompression and pre-operative workup was requested. The patient was recommended to continue Norco 10 mg and Ambien 10 mg. A prior utilization review dated 07/17/2014 states the request for Complete blood count and basic metabolic panel (Chem7) and Preoperative electrocardiography is denied as surgery is denied; Norco 10mg #50 and Ambien 10mg qty. #12 are denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete blood count and basic metabolic panel (Chem7): 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: <http://labtestsonline.org/understanding/analytes/cbc/tab/test/>

**Decision rationale:** The CA MTUS and ODG is silent regarding the request. The current guidelines recommend pre-operative hemoglobin testing for those who are greater than 65 or when significant blood loss is expected. The guidelines do not recommend routing basic metabolic profile prior to elective low to intermediate risk surgery. From the clinical documents it is unclear why blood testing is being ordered as part of the pre-op evaluation. The clinical notes did not adequately discuss the indication. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Preoperative electrocardiography: 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: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1933569/>

**Decision rationale:** The CA MTUS and ODG is silent regarding the request. The current guidelines recommend EKG prior to surgery for patients with one risk factor undergoing vascular surgery or intermediate surgery with known cardiovascular disease. The patient is not scheduled to undergo vascular surgery and does not have known cardiovascular disease. The clinical documents did not discuss the indication for EKG outside of current guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Norco 10mg #50: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The guidelines recommend chronic opioid therapy for patients with improved analgesia, improved ADLs, no aberrant behavior, and no side effects. The clinical

documents state the patient has previously taken Norco but the duration of therapy is unknown. It is not clear if this Norco prescription is for post-operative pain or for ongoing chronic pain control. The clinical documents did not adequately discuss the criteria above to justify chronic opioid therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Ambien 10mg qty #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)pain, Zolpidem

**Decision rationale:** The guidelines recommend Ambien as an option for the treatment of insomnia after conservative therapy has failed. The clinical notes do not discuss previous conservative therapy which has failed for treatment of insomnia. The patient is also on clonazepam chronically which she takes at night. This is also a hypnotic and sleep inducing agent. Mixing multiple medications of a similar class could result in significant adverse effects. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.