

Case Number:	CM14-0124961		
Date Assigned:	08/11/2014	Date of Injury:	04/29/2010
Decision Date:	09/19/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male who reported an injury on 04/29/2010. The mechanism of injury was lifting. The injured worker was diagnosed with spinal stenosis in the lumbar region, psychalgia, muscle pain, benign essential hypertension, anxiety state, sciatica, thoracic radiculitis, obesity, organic mood disorder, headache, allergic rhinitis due to pollen, disorder of the salivary gland, knee pain, neck pain, low back pain, abnormal gait, mood disorder, thoracic disc degenerative disease, and lumbar spondylosis. Prior treatments included an epidural steroid injection on 05/10/2010. On 05/03/2010, a lumbar spine MRI was performed, on 05/10/2010, an electrodiagnostic study was performed on 06/22/2010, a lumbar spine MRI was performed on 08/16/2010, and on 06/14/2012 electrodiagnostic studies were performed. Lab work was done on 02/20/2014, 06/11/2014, and 03/11/2014. Urine drug screens were performed on 06/11/2014 and 03/11/2014 which indicated the injured worker was compliant with the medications with no indication of aberrant drug activity. Baseline laboratory monitoring was performed on 02/20/2014, including a CBC, chem panel, GGT, and TSH. A lumbar fusion at L4-5 and L5-S1 was performed. On 08/08/2014, the injured worker described pain as an aching, deep, sharp, stabbing, and throbbing pain with associated numbness. The pain radiated to the left calf, left thigh, and right thigh. Pain was aggravated by ascending stairs, bending, changing positions, activities of daily living, and walking. With medications, the pain was rated 4/10; without medications, pain was 9/10. The injured worker stated that pain interfered with activities of daily living. The physician noted the injured worker had a gait disturbance with numbness in the extremity. The injured worker was prescribed Metoprolol Tartrate, Terazosin, Flonase, Clobetasol, Dovonex, Testosterone Injections, Mobic, Lisinopril, Lidoderm 5% patches, Oxycodone 40 mg extended release, and Oxycodone 20 mg. The physician recommended the

injured worker continue with his medications. The Request for Authorization Form was signed on 07/11/2014; the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CBC, Chem Panel 19: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: The request for Labs: CBC, Chem Panel 19 is not medically necessary. The California MTUS Guidelines for NSAIDs suggest routine monitoring, including CBC and chemistry profile panel which includes liver and renal functions tests. There has been a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy, but the interval of repeating labs after this duration has not been established. The injured worker was last documented receiving lab chemistries on 02/10/2014 which were found to be normal. The injured worker is prescribed the NSAID Mobic. Periodic lab monitoring while taking this medication is recommended per the guidelines. However, the requesting physician's rationale for the request is not indicated within the provided documentation. There is a lack of documentation indicating the injured worker's need for repeat monitoring. As such, the request is not medically necessary.

Labs: Diazepam Metabolite, serum; Acetaminophen, serum; GGT; TSH; UA, complete; Oxycodone and metabolite, serum; ELISA (Enzyme Immunosorbent Assay, EIA) amino acid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic testing for potential opioid abuse. Other Medical Treatment Guideline or Medical Evidence: Lab tests online, Urinalysis, GGT, & TSH, Online database.

Decision rationale: The request for Labs: Diazepam Metabolite, Serum; Acetaminophen, Serum; GGT; TSH; UA, complete; Oxycodone And Metabolite, Serum; ELISA (Enzyme Immunosorbent Assay, EIA) amino acid is not medically necessary. The California MTUS Guidelines related to the request for the diazepam metabolite serum, acetaminophen serum, UA complete, oxycodone and metabolite serum address concerns in the ongoing management note routine labs are recommended to ensure monitoring of compliance and to assess for the use of illicit drugs. The Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior,

current research is experimental in terms of testing for this. Labs tests online states a routine urinalysis may be performed upon admission to the hospital. It may also be part of a wellness exam, a new pregnancy evaluation, or a work-up for a planned surgery. A urinalysis will most likely be performed for patients complaining of symptoms of a urinary tract infection or other urinary system problems such as kidney disease. Lab tests online states a GGT test may be performed for patients with an elevated ALP level. An ALP test may be performed alone or as part of a routine liver panel to screen for liver damage even if no symptoms are present. If results of the ALP test are high but other tests that are part of the liver panel (such as AST and ALT) are not increased, then a GGT test may be ordered to help determine whether the source of the high ALP is a bone disorder rather than liver disease. GGT may be performed along with or as a follow up to other liver function tests when a person has signs or symptoms that suggest liver disease. Lab tests online states a TSH test may be performed when a patient has symptoms of hyperthyroidism or hypothyroidism and/or when a person has an enlarged thyroid gland. The injured worker has been utilizing NSAIDs since his injury in 2012. The injured worker's most recent drug urine screen noted he was compliant with medication, including the discontinuation of diazepam. The injured worker has not presented with aberrant drug-taking behaviors before the physician on examination. The injured worker does not have any symptoms of liver disorder, kidney dysfunction, hyperthyroid, or hypothyroid. There has been no documentation of elevated ALP. The guidelines do not recommend genetic testing for potential opioid abuse. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

Labs: Testosterone, free and total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Testosterone, Replacement for Hypogonadism Page(s): 110.

Decision rationale: The request for Labs: Testosterone, free and total is not medically necessary. The California MTUS Guidelines for testosterone replacement for hypogonadism notes that routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term high dose oral opioids or intrathecal opioids and who exhibit signs of hypogonadism, such as gynecomastia. The injured worker presents with no signs of hypogonadism or gynecomastia. The injured worker is taking high doses of Mobic as well as scheduled injections of testosterone. However, the guidelines do not recommend routine testing for these individuals. As such, the request is not medically necessary.