

Case Number:	CM14-0164207		
Date Assigned:	10/09/2014	Date of Injury:	05/04/2005
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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 applicant is a represented [REDACTED] insured who has filed a claim for chronic knee pain, shoulder pain, and low back pain reportedly associated with an industrial injury of May 4, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long and short acting opioids; medications for migraine; earlier spine surgery; shoulder corticosteroid injection therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve request for Tegaderm, CBC, chemistry panel, and urine drug testing. In a progress note dated September 22, 2014, it was acknowledged that the applicant was off of work. The applicant had last worked on May 4, 2005, it was noted. The note was very difficult to follow and mingled old complaints with current complaints. The applicant had given up her job owing to pain complaints, it was acknowledged. The applicant had apparently had a temporarily successful spinal cord stimulator trial, it was further noted. An average score of 9/10 was noted over the preceding month. 2/10 pain was reported with medications versus 8/10 without medications. The attending provider stated that the applicant would be socially isolated and would be unable to get out of bed without her medications. The applicant did have a variety of depressive issues, including major depressive disorder, dysthymia, and anxiety disorder, it was noted. In another section of the report, somewhat incongruously, it was stated that the applicant had failed the spinal cord stimulator trial in 2009. The applicant's BMI was 25. Multiple medications were renewed, including Butrans, Flexeril, Lidoderm, Levoxyl, Neurontin, Maxalt, Norco, Pamelor, Prilosec, Senna, Tegaderm patches, Topiramate, Zofran, and others. Permanent work restrictions were renewed. The applicant was reportedly doing better on Butrans patches versus Fentanyl. Permanent work restrictions were renewed. The applicant was not working with said permanent

limitations in place, it was acknowledged. In an earlier note dated September 16, 2014, the attending provider appealed a previously denied epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 4x4 3/3 #2: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), BuTrans Medication Guide.

Decision rationale: The MTUS does not address the topic of Tegaderm. The attending provider stated that Tegaderm is being applied over the Butrans patches to ensure that said Butrans patches appropriately adhere to the applicant's skin. As noted in the Food and Drug Administration (FDA) Butrans label, Tegaderm patches can be employed to ensure appropriate adherence of buprenorphine or Butrans patches. The request for Tegaderm patches to be employed to ensure adherence of the Butrans patches, thus, does conform to the FDA label. Therefore, the request is medically necessary.

CBC: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 12th edition (web) 2014, Low Back, Preoperative lab testing

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

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an applicant's renal and hepatic function is indicated in applicants using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is using a variety of medications which are processed in the liver and kidneys, including Neurontin, Pamelor, Topiramate, Norco, etc. Periodic assessment of the applicant's present hematologic function, renal function, and hepatic function are consistent with prescribed medications. Therefore, the request is medically necessary, by analogy.

Chem 19: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 12th edition (web), 2014, Low Back, preoperative lab testing

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

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic laboratory monitoring of the applicants on NSAIDs includes CBC testing and a chemistry profile to include liver and renal function testing. The Chem-19 panel does include liver and renal function testing. While the applicant is not using NSAIDs here, the applicant is using a variety of other medications, which are processed in the liver and kidneys, including Norco, Flexeril, Pamelor, Topiramate, etc. By analogy, assessment of the applicant's renal and hepatic function to ensure that the applicant's current renal and hepatic functions are consistently prescribed medications is indicated. Therefore, the request is medically necessary.

EIA9 with alcohol and Rflx Urine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 5-6, page 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Quest Diagnostics, Test Description. ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The drug testing at issue, per Quest Diagnostics, does include confirmatory testing of various opioid and non-opioid metabolites, including Meperidine, Normeperidine, Fentanyl, Norfentanyl, etc. However, as noted in the ODG's Chronic Pain Chapter Urine Drug Testing Topic, confirmatory and/or quantitative testing is typically noted recommended outside of the emergency department drug overdose context. The request, thus, as written, represents nonstandard drug testing, which does not conform to the ODG parameters. Therefore, the request is not medically necessary.

GGT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain 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: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested monitoring in applicant's using NSAIDs, includes periodic monitoring of CBC and chemistry profile to include liver and renal functional testing. In this case, while the applicant is not using NSAIDs, the applicant is using a variety of other medications, which are processed in the liver, including Topiramate, Pamelor, Neurontin, Norco, etc. Periodic assessment of an applicant's hepatic function testing is indicated, by analogy. Therefore, the GGT test, a form of liver function testing, is medically necessary.

Urinalysis, Complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 12th edition (web), 2014, Low Back, Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-1 does recommend a CBC, ESR, and/or UA in applicants in whom there are red flags for cancer and/or infection present, in this case, however, no clearly stated rationale for the complete urinalysis was proffered by the attending provider. There was no mention of any suspected urinary tract infection or red flag diagnosis, such as cancer, which would support the request. Therefore, the request is not medically necessary.