MAXIMUS Federal Services

Case Number:	CM14-0022650		
Date Assigned:	06/11/2014	Date of Injury:	04/20/2001
Decision Date:	09/09/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 63 year old female worker was injured at work on 04/20/2001. She complains of constant moderate pain in both sides of the neck, both shoulders and arms. The pain is piercing, sharp, and spreads to her elbows. It is worsened by any activity and coughing. It improves with heat or ice application, injection, massage, narcotics, rest and lying down. It is associated with bladder incontinence, and joint pain. The injured worker's other medical problems include asthma, anxiety, depression, headaches, and extremity weakness. The examination findings include positive impingement and tenderness in her left shoulder, limitation of range of motion of the left shoulder. The back of her neck is tender to touch. She has been diagnosed of Neck pain, chronic pain syndrome, rotator cuff repair, cervical degenerative disease, pain in shoulder, headache, superior glenoid labrum lesion. The worker is being treated with Klonopin, Prilosec, Norco 10/325, Topamax, Albuterol, Risperidal, Flexeril, Xanax, Effexor, Traxadone, Motrin She was prescribed cervical medial branch nerve block at C2, C3 and on the right side; radiofrequency cervical branch nerve block at C2, C3, on the left side; acetaminophen serum; alprazolam serum; CBC with diff; chem 19; eia 9:; TSH Trazonodone serum; Klonopin serum, Flexeril serum, UA complete; Hydocodone, GGTP, but these are being disputed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MEDIAL BRANCH NERVE BLOCK AT C2, C3 AND TON ON THE RIGHT SIDE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-181.

Decision rationale: There is no section of the MTUS guidelines or the ACOEM Practice Guidelines 3rd (2011) Edition that has a recommendation on cervical medial branch nerve block. Nevertheless the documents reviewed did not provide enough information on the response following a previous cervical medial branch nerve block; neither does it state how many blocks have been done in the past, nor the goal of the requested medical procedure. Therefore, the request is not medically necessary.

RADIOFREQUENCY CERVICAL BRANCH NERVE BLOCK AT C2, C3, AND TON ON THE LEFT SIDE: 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.

Decision rationale: The ACOEM Guidelines recommends against repeating radiofrequency cervical branch nerve block. However, if a decision is taken to repeat it, there must be an evidence of 50 % improvement lasting for 8 weeks after the first injection, and the second injection cannot be giving before 26 weeks after the first injection. The documents reviewed did not provide us an information regarding the level of improvement, and for how long after the injection. Therefore, the request is not medically necessary.

ACETAMINOPHEN SERUM: 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Therefore, the request is not medically necessary.

ALPRAZOLAN SERUM: 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 Benzodiazepines; Drug Testing Page(s): 24, 43.

Decision rationale: The MTUS does not recommend serum drug testing. Rather, when needed, the MTUS recommends doing urine drug test instead. Also, the Benzodiazepines are not first line drugs in the treatement of chronic pain, therefore, Alprazolam serum drug testing is not medically necessary.

CBC WITH DIFF: Overturned

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 Non-steroidal anti-inflammatory drugs Page(s): 70.

Decision rationale: The MTUS recommends periodic monitoring of monitoring of CBC, and chemistry profile, including liver and kidney function tests in individuals taking non-steroidal anti-inflammatory drugs. The injured worker is being treated with Motrin, a non-steroidal ant inflammatory drug. The medication has the risk of renal injury and GI bleed. Therefore, the request is medically necessary.

CHEM 19: Overturned

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 Non-steroidal Antiinflammatory drugs Page(s): 70.

Decision rationale: The MTUS recommends periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) in individuals taking non-steroidal anti-inflammatory drugs. The injured worker is taking Motrin (Ibuprofen), a non-anti-inflammatory drug known to cause gastrointestinal bleed and renal injury. The MTUS suggests doing liver transaminases within 4 to 8 weeks after starting therapy. Time for additional tests is not mentioned. Therefore, the request is medically necessary.

EIA 9: 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 Drug Test Page(s): 43.

Decision rationale: The documents reviewed lack information on why the EIA 9 is being requested. Therefore, the request is not medically necessary.

FLEXERIL SERUM: 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 Drug test Page(s): 43.

Decision rationale: The MTUS considers drug testing as an option in the management of chronic pain, but recommends urine drug test, rather than serum blood test. Therefore, the request is not medically necessary.

GGTP: Overturned

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 Non-steroidal antiinflammatory medication Page(s): 70.

Decision rationale: GGTP is one of the tests for liver function. The MTUS recommends testing for liver function in individuals being treated with Non-steroidal anti-inflammatory drugs. Therefore, the request is not medically necessary.

HYDROCODONE: 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 Page(s): 74-79.

Decision rationale: Additional information is needed here. We need to know whether this request is for Hydrocodone serum, as serum drug testing has been ordered for other medications, or whether this is prescription for Hydrocodone. If it is the prescription we need information regarding dose, frequency and duration.

KLONOPIN SERUM: 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 <Drug testing Page(s): 43.

Decision rationale: Klonopin (Clonazepam) is a benzodiazepine. They are not first line drugs in the treatment of chronic pain. Therefore it is not a recommended medication in the management of chronic pain. Besides, the MTUS recommends urine drug testing, rather than serum drug testing when we have concern that the individual may not be using drugs appropriately.

TRAZODONE SERUM: 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 Drug testing Page(s): 43.

Decision rationale: The appropriate drug testing recommended by the MTUS is urine drug testing. Therefore, the request is not medically necessary.

TSH: 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 Medications for Chronic pain Page(s): 60-61.

Decision rationale: The Injured worker has no diagnosis of Thyroid related condition; neither is any of the medications used in treating the work known to cause thyroid disorder. Therefore Testing for TSH is not medically necessary. There is no appropriate guideline to use.

UA COMPLETE: Overturned

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 Nonsteroidal anti-inflamatory drugs Page(s): 70.

Decision rationale: Urinalysis is a component of renal function testing. The MTUS recommends monitoring the renal function in individuals on Non-steroidal anti-inflammatory medications. Therefore, testing the UA is medically necessary.