

<b>Case Number:</b>	CM14-0088642		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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:

This is 37 year-old male who has reported multifocal pain and mental illness after an injury on 12/12/09. His diagnoses have included headache, rotator cuff sprain, medial malleolar fracture, rib fracture, peroneal nerve injury, insomnia, depression, coccygeal sprain, Complex Regional Pain Syndrome, and shoulder sprain. Treatment has included arthroscopic knee surgery, ankle surgery, multiple medications, referrals to multiple specialists, and prolonged disability prescribed by treating physicians. The injured worker has regular visits with a psychiatrist and psychotherapist, and is prescribed Intermezzo, Viibryd, and Xanax. The neurology report of 4/28/14 did not provide any information regarding the possible necessity for blood or other tests. There were no reports from the pain management physician who presumably prescribed the tests and requests now under Independent Medical Review. Blood tests were performed on 5/15/14 as prescribed by one of the treating physicians, including a serum acetaminophen, complete blood count, Hydrocodone, and Testosterone. No reports from this physician were available for this review. On 5/30/14 Utilization Review non-certified the items now under Independent Medical Review, noting the lack of sufficient clinical evaluation and indications. The MTUS was cited. The requested items were reportedly prescribed by a pain management physician, with a Request for Authorization dated 5/22/14. That Request for Authorization and any reports from the physician were not included in the records for this Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): page 116.  
Decision based on Non-MTUS Citation Official Disability Guidelines Opioid, treatment Plan

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Mental Illness & Stress, Office Visits

**Decision rationale:** There are no reports from the treating physician who initiated this request for "medication management". It is not clear what is meant by this request. It might possibly refer to office visits, or it may refer to some other procedure. "Medication management" does not refer to any specific procedure or treatment. The MTUS lists many medications that may be used for chronic pain, each of which may require a different sort of indications and clinical management. In the citation listed above, the MTUS discusses the importance of a thorough evaluation and consideration of any medications used for chronic pain. The records do not contain any evidence of the necessary clinical evaluations for any chronic pain medications. Absent more specific clinical information and records, the medical necessity for this "management" has not been established.

**Testo, free and Total, LC/MS/MS:** 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  
Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** In the MTUS citation above, testosterone testing and replacement are recommended in limited circumstances for patients taking high dose oral opioids with documented low testosterone levels. There may be an indication for testing in this case but there are no medical reports which discuss the specific indications for testing in this injured worker. The medical necessity is not established in the absence of records which address the specific indications as outlined in the MTUS.

**Acetaminophen:** 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  
Acetaminophen Page(s): 11.

**Decision rationale:** There are no medical reports which address the medical necessity for this request. It is not clear if the request is for the medication itself or some kind of assay for the drug (urine? blood?). The MTUS addresses the therapeutic use of acetaminophen in the citation listed above. No records address the prescribing of acetaminophen to this injured worker. Toxicity is

discussed. There are no records which discuss possible toxicity and any need for testing. The medical necessity for "acetaminophen" is not established in light of the available records.

**Hydrocodone and Metabolite, Serus: 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, drug screens, steps to avoid misuse/addiction; urine drug screen; Use of drug screening.

**Decision rationale:** There are no medical reports which address the medical necessity for serum testing for Hydrocodone. There are no medical reports which address the ongoing use of Hydrocodone, assuming any current use. No reports explain why serum testing is needed rather than the more conventional and "gold standard" urine drug screening. Standard methods for drug testing in a clinical setting like this one utilize urine drug screens, not serum. The MTUS recommends urine drug screening for patients on opioids. Given the lack of any clear clinical indications per the available records, the serum testing is not medically necessary.

**CBC, Includes Diff/PLT: 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 NSAIDS, Specific drug list & adverse effects.

**Decision rationale:** There are no medical reports which explain the medical necessity for performing a complete blood count. The treating physician reports from around the time of the requested test were not included in the records for Independent Medical Review. A complete blood count may be prescribed for many possible conditions. The MTUS has some references to ordering a complete blood count. For example, a complete blood count is recommended for patients taking long term NSAIDs. The most applicable guideline for this request cannot be determined without more specific information from the treating physician. Based on the available records, a complete blood count is not medically necessary.

**GGT: 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 NSAIDS, Specific drug list & adverse effects.

**Decision rationale:** There are no medical reports which explain the medical necessity for performing a GGT. The treating physician reports from around the time of the requested test

were not included in the records for Independent Medical Review. A GGT may be prescribed for many possible conditions. The MTUS has some references to ordering a GGT. For example, a GGT is recommended for patients taking NSAIDs. The most applicable guideline for this request cannot be determined without more specific information from the treating physician. Based on the available records, a GGT is not medically necessary.

**Voltaren 1% - Refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Topical Analgesics. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** There are no medical reports available which explain the medical necessity for topical Voltaren. The treating physician reports from around the time of the requested prescription were not included in the records for Independent Medical Review. A topical NSAID may be prescribed for several possible conditions. The MTUS recommends short term topical Voltaren for some extremity conditions. The available records do not provide enough information regarding the stated indications, duration of use or results of use. Medical necessity cannot be established without more specific information from the treating physician. Based on the available records, topical Voltaren is not medically necessary.