

Case Number:	CM14-0066044		
Date Assigned:	08/08/2014	Date of Injury:	09/30/1997
Decision Date:	06/17/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 52 year old male who sustained an industrial injury on 09/30/1997 due to a fall. He reported back pain. The injured worker was diagnosed as having chronic low back pain, chronic pain due to trauma, osteoarthritis, unspecified, failed back surgery syndrome lumbar, psychosexual dysfunction, fitting and adjustment of neuropacemaker (brain), lumbosacral and thoracic radiculopathy, hypotestosteronemia, post voiding incontinence, neck pain, and depression/anxiety. Treatment to date has included medication, back surgery, elbow surgery, spinal cord stimulator, physical therapy, and home exercise program. Progress notes in 2012 and 2013 show ongoing treatment by a psychiatrist with medications and psychotherapy. Multiple prior urine drug screens and testing of urinalysis were submitted, with the most recent urine drug screen performed on 9/11/13. Urinalysis performed on 9/11/13 was normal. Laboratory testing including chem 20 profile, complete blood count with platelet count, and thyroid stimulating hormone (TSH) were performed on 2/1/13 and 9/11/13 and were normal. Prior evaluation by a urologist for urinary problems was noted. Ongoing urinary frequency was reported in 2013, for which medication was prescribed. At a visit on 3/23/14, the injured worker complains of back pain that is moderate to severe and fluctuating but persistent. The pain is located in the mid back, lower back, gluteal area, legs and thighs. Pain has radiated to ankles, calves, feet, and thighs, and is described as aching, deep, discomforting, dull, localized, piercing, sharp and shooting. Symptoms are aggravated by ascending or descending stairs, bending, coughing, activities of daily living. They are relieved by exercise, lying down, ice, pain medications, and movement. The worker reports his pain without medication is 8/10 in severity,

and with medications, pain is 4/10 in severity. With medications, he is able to struggle but fulfill daily home responsibilities. He does no outside activities; he does not work or volunteer. The injured worker also reported urinary frequency. It was noted that the injured worker had not had physical therapy in some time and he did not remember the appropriate exercises that he can do, and a referral to physical therapy for a home exercise program was noted. Current medications include Levitra, gabapentin, melatonin, Ditropan, kadian (morphine), niravam (alprazolam), luvox, vibryd, and latuda. Work status was noted as permanent and stationary. The same symptoms were reported at a visit on 4/10/14. The most recent urine drug screen on 4/10/14 was positive for benzodiazepines and negative for opiates/morphine. A physical therapy visit on 4/11/14 was submitted. A previous Utilization Review determination on 4/15/14 modified a request for 12 psychotherapy sessions to 8 psychotherapy sessions between 3/25/14 and 6/13/14. On 4/18/14, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ODG, and National Guideline Clearinghouse.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EIA 9 Lab Test w/GCMS 4/Fentanyl/Meperidine: 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, opioids Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: The request for 1 EIA 9 Lab Test w/GCMS 4/Fentanyl/Meperidine is consistent with a request for a urine drug test for fentanyl and meperidine. This injured worker has chronic back pain and has been treated with opioid medication, and current medications include kadian (morphine). Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Results of testing should be documented and addressed. The frequency of ongoing monitoring depends on risk stratification for aberrant behavior. There was no documentation of risk stratification for aberrant behavior, which would be necessary to determine the frequency of urine drug testing. Urine drug testing was recently performed on 4/10/14 for this injured worker and was negative for opiates. This inconsistent finding was not addressed. In addition, fentanyl and meperidine were not among the prescribed medications for this injured worker. The treating physician has not provided a reason why testing for medications which are not prescribed for this injured worker would be indicated. It is critical that testing assay the necessary drugs, and not include irrelevant drugs. Due to lack of specific indication, the request for 1 EIA 9 Lab Test w/GCMS 4/Fentanyl/Meperidine is not medically necessary.

1 Lab Test CBC w/ DIFF/PLT, TSH, Chem 19: 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 Ross, Douglas et al, Laboratory assessment of thyroid function, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Liver biochemical tests that detect injury to hepatocytes. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Approach to the adult patient with anemia. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: This request is for a complete blood count (CBC), thyroid stimulating hormone test (TSH), and chemistry panel (Chem 19). The treating physician provided no specific indications for these tests. There were no historical or physical exam findings to suggest the presence of thyroid disease, anemia, liver disease, or electrolyte imbalance. Upon review of the medical records, there was no indication of why thyroid laboratory testing was requested. The possible indications for a CBC and chemistry panel are many. It is open to speculation as to what the indications might be in this case. This injured worker had undergone prior laboratory testing, with results submitted for testing in February and September 2013; tests included CBC, TSH, and Chem 20 and were normal. Due to lack of specific indication, and recent normal laboratory testing with the same tests as currently requested, the request for 1 Lab Test CBC w/ DIFF/PLT, TSH, Chem 19 is not medically necessary.

1 Urine analysis: 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 UpToDate: Wald, Ron: Urinalysis in the diagnosis of kidney disease. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: This injured worker has a diagnosis of incontinence, which was evaluated by a urologist, and ongoing complaints of urinary frequency. The urinalysis is used in evaluating acute and chronic kidney disease, and can be used to monitor the course of kidney diseases in some patients. It may be used in patients with suspected kidney disease (on the basis of clinical findings or concurrent illness) or kidney stones. In this case, there was no documentation of presence of suspicion of kidney disease or kidney stones. There was no documentation of the indication for performance of a urinalysis. The injured worker had undergone multiple prior urinalysis testing, with the most recent urinalysis in September of 2013, which was normal. There was no documentation of new or worsening urinary symptoms. The request for urine analysis is not medically necessary based on lack of documented indication.

1 lab test for Morphine free Unconjugated: 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, opioids Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: This injured worker has chronic back pain and has been treated with opioid medication, and current medications include kadian (morphine). Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Results of testing should be documented and addressed. The frequency of ongoing monitoring depends on risk stratification for aberrant behavior. In this case, there was no documentation of risk stratification for aberrant behavior, which would be necessary to determine the frequency of urine drug testing. Urine drug testing was recently performed on 4/10/14 for this injured worker and was negative for opiates. This inconsistent finding was not addressed. It is possible that the request for the laboratory testing requested is related to this finding, as the injured worker has been prescribed morphine and the recent urine drug screen was negative for opiates. However, the treating physician has not specified this as the reason for laboratory testing for morphine free unconjugated, and has not discussed any potential issues with the performance of the recent urine drug testing that was already negative for opiates. Due to lack of specific indication, the request for 1 lab test for Morphine free Unconjugated is not medically necessary.

1 lab test for Gabapentin: 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 anticonvulsants (antiepilepsy drugs (AEDs)) Page(s): 16-22. Decision based on Non-MTUS Citation Gabapentin: drug information. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. This injured worker has been prescribed gabapentin for months. The MTUS and ODG do not make any recommendations for monitoring of blood levels of gabapentin. The drug information regarding this medication recommends measuring serum levels of concomitant anticonvulsant therapy, but does not discuss monitoring of gabapentin levels. The treating physician has not documented a reason for the requested lab test for

gabapentin. Due to lack of specific indication, the request for 1 lab test for Gabapentin is not medically necessary.

6 Psychological treatments and Referral to Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavior interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: treatment of depression.

Decision rationale: The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of cognitive behavioral therapy (CBT) is an option, with results of treatment determined by functional improvement. The recommended quantity of visits for a CBT trial is 3-4 visits. The maximum quantity of visits for CBT is 10. The Official Disability Guidelines provide recommendations for longer courses of psychotherapy for depression. All treatment should be continued only if there is specific improvement, including functional improvement. This injured worker has a diagnosis of depression. The documentation submitted indicates that he has been undergoing psychotherapy treatments. A previous Utilization Review determination on 4/14/15 certified 8 psychotherapy sessions between 3/25/14 and 6/13/14. The current request is duplicative as there has already been certification for more than the currently requested number of treatments, and the injured worker is already under psychiatric care. As such, the request for 6 Psychological treatments and Referral to Psychologist is not medically necessary.

1 Physical Therapy Sessions for up to date HEP instruction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p.98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the physician has documented that this injured worker had previously undergone a course of physical therapy, but that he did not remember the appropriate exercises for a home exercise program, and one session of physical therapy was requested. A physical therapy visit on 4/11/14 was submitted. The request for 1 Physical Therapy Sessions for up to date HEP instruction is duplicative as this has

already been approved and completed. As such, the request for 1 Physical Therapy Sessions for up to date HEP instruction is not medically necessary.