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| Case Number: | CM14-0098310 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 10/18/2002 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

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: New York

Certification(s)/Specialty: Emergency 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 is a 53-year-old male, who sustained an industrial injury on 10/18/02. He reported low back pain and stiffness. The injured worker was diagnosed as having thoracic or lumbosacral radiculopathy, myalgia and myositis, low back pain, chronic pain, muscle spasms, testicular hypofunction, sacroiliitis, and failed lumbar back surgery syndrome. Treatment to date has included chiropractic treatment, massage, anterior decompression at L4-S1 with complete discectomy and interbody fusion on 6/22/04, TENS, L4-S1 medial branch blocks, a functional restoration program, and medications. A physician's report dated 5/28/14 noted pain without medications was rated as 10/10 and pain with medications was rated as 8/10. The injured worker was taking Oxycodone, Lyrica, Ambien, Cymbalta, and topical cream. The treating physician noted that an attempt was made to taper medications below the 250meq level without apparent success. Currently, the injured worker complains of back pain that radiates to the legs. The treating physician requested authorization for a thyroid stimulating hormone test, Hydromorphone serum, Oxycodone and metabolite serum, Kadian 50mg #60, testosterone free lc/ms/ms, CBC including diff/plt, and Chem 19.

IMR ISSUES, DECISIONS AND RATIONALES

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

TSH (Thyroid stimulating hormone) Test: 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 Agency for Healthcare Research and Quality (www.guideline.gov).

Decision rationale: CA MTUS and ODG are silent on this topic. Thyroid stimulating hormone is a test used in the diagnosis and management of patients with thyroid disease. The above-cited reference states, "Routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicating when nonspecific signs and symptoms are present in patients at risk for thyroid disease." The guidelines then list several risk factors that include family history of thyroid disease, autoimmune disease, history of neck irradiation, women over age 50, and elderly patients. Other signs and symptoms include weight changes, hair loss, goitre, temperature intolerance and skin changes. Documentation does not support the IW had any of the aforementioned risk factors, existing conditions or physical complaints. Without this supporting documentation, the request for thyroid stimulating hormone level is not medically necessary.

Hydromorphone 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 Opioids Page(s): 43; 77-80.

Decision rationale: Medical necessity for a drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. The MTUS recommends random drug testing, not at scheduled office visits. The chart includes results from previous urine drug testing completed at office visits. Details of previous testing are not discussed. Urine drug screens are accepted standard test for medication compliance. It is unclear from the records why a serum test has been request instead of the accepted urine testing. Without supporting documentation, serum hydromorphone is not medically necessary.

Oxycodone and Metabolite 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 Opioids Page(s): 43; 77-80.

Decision rationale: Medical necessity for a drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. The MTUS recommends random drug testing, not at scheduled office visits. The chart includes results from previous urine drug testing completed at office visits. Details of previous testing are not discussed. Urine drug screens are accepted standard test for medication compliance. It is unclear from the records why a serum test has been request instead of the accepted urine testing. Without supporting documentation, serum oxycodone and metabolite is not medically necessary.

Kadian 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 77-81.

Decision rationale: Kadian is morphine, an opioid pain medication. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Work status continues to be permanent and stationary. Function is described as severely affected by pain. No reports show specific functional improvement benefit from use of this medication. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. As currently prescribed, Kadian does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Testosterone Free (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: CA MTUS recommends testosterone replacement for hypogonadism in limited circumstances for patients taking high dose long-term opioids with documentation of low testosterone levels and evidence of hypogonadism. This request is a request for testosterone testing. There is no documentation of symptoms or signs of low testosterone levels. Specifically, there are no documented reports of erectile dysfunction, gynecomastia, sexual dysfunction or infertility. Without these documented finding, the request for testosterone testing is not medically necessary.

CBC (include diff/plt): 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 Lab Tests Online (labtestsonline.org).

Decision rationale: CA MTUS and official disability guidelines are silent on this topic. Complete blood count testing is used as a screening test to evaluate three types of cells in the body. These cells include cells of the immune defense system, oxygen carrying cells, and cells used in blood clotting. The IW does not have any symptoms or exam findings to suggest abnormalities in any of these systems. For example, there are no concerns for anemia, infection, fatigue, bleeding or other complaints that would suggest concern for abnormal complete blood test results. Without supporting documentation, the request is not justified. As such, the request is not medically necessary.

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 Lab Tests Online (labtestsonline.org).

Decision rationale: CA MTUS and ODG are silent on this topic. A chemistry 19 panel includes blood work to evaluate kidneys, liver as well as acid/base balance in the body. It is unclear from the submitted documentation why the provider is requesting these tests for this IW. There are not documented symptoms or physical examination findings to support the request for these laboratory tests. Without this information or clear indication, the request for a Chem 19 panel is not medically necessary.