MAXIMUS Federal Services

Case Number:	CM15-0176956		
Date Assigned:	09/17/2015	Date of Injury:	09/27/2004
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 44 year old male, who sustained an industrial injury, September 17, 2004. According to progress note of July 30, 2015, the injured worker's chief complaint was severe low back pain. The injured worker rated the pain at 9-10 out of 10 without medications and 6 out of 10 with medications. The injured worker was able to do light cleaning with medications. According to the treating physician's there were moderate to severe lumbar spasms. The straight leg raises were positive in the right leg with pain across the S1 on the right. There was decreased range of motion with flexion and extension, rotation and side bending. The lumbar paravertebral muscle spasms were present. There was vertebral tenderness. The injured worker walked with a cane. There was lumbar facet tenderness. The injured worker was undergoing treatment for status post lumbar fusion, failed back syndrome, reflex sympathetic syndrome and depressive symptomology. The injured worker previously received the following treatments Ativan for anxiety, Percocet since February 19, 2015, Rozerem 8mg for sleep, home exercise program, Restoril 30mg for sleep and random urine toxicology on December 3, 2014, January 2, 2015 and April 9, 2015 had consistent with medication usage. The RFA (request for authorization) dated July 30, 2015; the following treatments were requested CBC (complete blood count), CMP (complete metabolic panel) to evaluate kidney and liver functions due to chronic medications use and a prescription for Percocet 10-325mg #180. The UR (utilization review board) denied certification on September 1, 2015: for the CBC and CMP were denied and the prescription for Percocet was modified to 10-325mg # 30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC and CMP: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation labtestsonline.org/understanding/analytes/cmp/tab/test/: comprehensive metabolic panel (CMP).

Decision rationale: Based on the 7/30/15 progress report provided by the treating physician, this patient presents with significant pain across the lower back, rated 9-10/10 without medications and 6/10 with medications. The treater has asked for CBC and CMP on 7/30/15 to evaluate his kidney and liver function due to chronic medication use. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion of unspecified date, and has a diagnosis of failed back syndrome per 7/30/15 report. The patient's current medications include Percocet and Restoril per 7/30/15 report. The patient is able to do light cleaning when he takes his medications per 6/4/15 report. The patient has recently been losing weight but does not know why per 6/4/15 report. The patient's work status is permanent and stationary as of 6/4/15 report. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, MTUS Guidelines, NSAIDs specific drug list & adverse effects section, page 70 regarding CBC testing does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." At labtestsonline.org/understanding/analytes/cmp/tab/test/ states, "The comprehensive metabolic panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. If a health practitioner is interested in following two or more individual CMP components, he or she may order the entire CMP because it offers more information." The treater is requesting CBC and CMP to evaluate for patient's kidney and liver function due to chronic medication usage per 7/30/15 report. As of 2/19/15, the patient is taking Percocet and Ativan, and is discontinuing Restoril and initiating Rozerem. The patient is currently on a regimen of Percocet and Restoril per 7/30/15 report. In this case, there is no concern for blood disorders or other issues requiring this laboratory study. The patient is not on any NSAIDs, and there is no documentation of such conditions as DM requiring a complete metabolic panel, either. Therefore, the request is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 7/30/15 progress report provided by the treating physician, this patient presents with significant pain across the lower back, rated 9-10/10 without medications and 6/10 with medications. The treater has asked for Percocet 10/325mg #180 on 7/30/15. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion of unspecified date, and has a diagnosis of failed back syndrome per 7/30/15 report. The patient's current medications include Percocet and Restoril per 7/30/15 report. The patient is able to do light cleaning when he takes his medications per 6/4/15 report. The patient has recently been losing weight but does not know why per 6/4/15 report. There were 3 urine drug screens on 12/3/14, 1/22/15, and 4/9/15 which were consistent per 7/30/15 report. The patient's work status is permanent and stationary as of 6/4/15 report. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, opioids for chronic pain section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. Patient has been taking Percocet since 2/19/15 and in reports dated 6/4/15 and 7/30/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does indicate that the current medication regimen which includes Percocet, allows patient to do light cleaning. The treater states that medication regimen which includes Percocet decreases pain from 9-10/10 to 6/10. The most recent urine drug screen on 4/9/15 was consistent. Although the treater has indicated that Percocet has been effective over 5 months of usage, MTUS pg. 80 states that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.