

Case Number:	CM15-0179092		
Date Assigned:	09/28/2015	Date of Injury:	11/15/2009
Decision Date:	11/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 58 year old male, who sustained an industrial-work injury on 11-15-09. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar spinal stenosis, radiculopathy of thoracic or lumbosacral region, lumbar degenerative disc disease, lumbar spondylosis without myelopathy, lumbar herniated nucleus pulposus, myalgia and myositis, failed back surgery, chronic pain due to trauma, and facet arthropathy. Treatment to date has included medication, surgery (laminectomy in 12-2010), partial facetectomy and foraminotomy on 12-17-10), and diagnostics. Currently, the injured worker complains of moderate to severe back pain with radiation to the left calf and thigh. Pain was described as piercing and shooting and aggravated with sitting and standing. Pain is rated 7 out of 10 without medication and 5 out of 10 with medication. Medication helped achieve ADL's (activities of daily living) and work-volunteer daily. Per the primary physician's progress report (PR-2) on 8-17-15, exam reports vertigo, back pain -joint pain, normal gait, flat back posture, moderate to severe spasm, tenderness in paraspinals, right-left buttock painful, and straight leg raise has right back pain only and radiates left, and decreased range of motion. The Request for Authorization requested service to include Hydrocodone-Acetaminophen 10/3252mg 1 by mouth four times a day as needed #120, Complete blood count (CBC) Diff/PLT (platelet), Gamma-Glutamyl Transpeptidase GGT, Metabolite, Serum, Urinalysis, Chem 20 Panel, and Liver panel. The Utilization Review on 9-1-15 denied the request for Hydrocodone-Acetaminophen 10/3252mg 1 by mouth four times a day as needed #120, Complete blood count (CBC) Diff/PLT(platelet), Gamma-Glutamyl Transpeptidase GGT, Metabolite, Serum, Urinalysis, Chem 20 Panel, and Liver panel, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009 and National Library of Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/3252mg 1 by mouth four times a day as needed #120:
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): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Complete blood count (CBC) Diff/PLT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not medically necessary.

Gamma-Glutamyl Transpeptidase GGT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Diagnosis Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not certified.

Metabolite: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Diagnosis Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not medically necessary.

Serum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Diagnosis Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Diagnosis Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not medically necessary.

Chem 20 Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Diagnosis Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not medically necessary.

Liver panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Diagnosis Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not medically necessary.