

Case Number:	CM15-0034126		
Date Assigned:	04/02/2015	Date of Injury:	09/06/2007
Decision Date:	05/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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, Arizona
 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 is a 47-year-old male who reported an injury on 09/06/2007. The mechanism of injury was not specified. His diagnoses included keloid scar and dysuria. Past treatments included surgery, nerve block, and medications. On 01/15/2015, the injured worker complained of moderate to severe back pain radiating to the bilateral lower extremities. He reported his pain at 10/10 without medications, and 5/10 with medications. Physical examination revealed no abnormal findings. Current medications were noted to include Norco 10/325 mg taken every 4 to 6 hours as needed, Senna laxative 8.6 mg taken 2 times a day, oxycodone 10 mg taken 3 times a day. The treatment plan included continuation of medications. The rationale for the request was not specified. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 12.

Decision rationale: The California MTUS Guidelines state that acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. The clinical information indicated the injured worker complained of continued pain. However, there was no documentation of a rationale for the use of acetaminophen, when the injured worker is already taking opioids. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted did not specify dosage or frequency for use of the medication. Therefore, the request for acetaminophen is not medically necessary.

CBC: 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 Page(s): 70.

Decision rationale: The California MTUS Guidelines state that periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests, is recommended with the use of NSAIDs. The clinical information indicated the injured worker has been taking opioids. However, there was no documentation with evidence of NSAID use. Furthermore, there was no documentation of a rationale for the request of lab monitoring. Therefore, the request for a CBC is not medically necessary.

Chem 19: 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 Page(s): 70.

Decision rationale: The California MTUS Guidelines state that periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests, is recommended with the use of NSAIDs. The clinical information indicated the injured worker has been taking opioids. However, there was no documentation with evidence of NSAID use. Furthermore, there was no documentation of a rationale for the request of lab monitoring. Therefore, the request for a Chem 19 is not medically necessary.

EIA9 with alcohol plus RFLX urine: 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): 77.

Decision rationale: The California MTUS Guidelines recommend urine drug screening to assess for the presence of illegal drugs with opioid use. The clinical information indicated the injured worker has been taking opioids for an unspecified amount of time. However, there was no documentation with evidence of a rationale for the need of EIA9 with alcohol plus RLFX urine test. Given the absence of the information indicated above, the request is not supported. Therefore, the request for EIA9 with alcohol plus RLFX urine is not medically necessary.

GGT: 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 website:
<http://labtestsonline.org/understanding/analytes/ggt/tab/test/>.

Decision rationale: According to labtests.org, the gamma glutamyl transferase test may be used to determine the case of elevated alkaline phosphatase. The clinical information indicated that the injured worker complained of continued severe back pain with radiation. However, there was no documentation with evidence of a clear rationale for the need of the test. Given the absence of the information indicated above, the request is not supported. Therefore, the request for GGT is not medically necessary.

Hydrocodone & Metabilite, serum: 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 website:
<http://www.questdiagnostics.com/testcenter/TestDetail.action?ntc=90489>.

Decision rationale: According to questdiagnostics.com, the Hydrocodone & Metabilite, serum test is for therapeutic drug monitoring of Hydrocodone. The clinical information indicated that the injured worker has been taking opioids for an unspecified amount of time. However, as the continued use of opioids was not supported, the need for drug monitoring is not indicated. Therefore, the request for Hydrocodone & Metabilite, serum is not medically necessary.

Oxycodone & Metabilite, serum: 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 website:
<http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=18885&labCode=AMD>.

Decision rationale: According to questdiagnostics.com, the Oxycodone & Metabiolite, serum test is for therapeutic drug monitoring of oxycodone. The clinical information indicated that the injured worker has been taking opioids for an unspecified amount of time. However, as the continued use of opioids was not supported, the need for drug monitoring is not indicated. Therefore, the request for Oxycodone & Metabiolite, serum is not medically necessary.

Urinalysis, complete: 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): 77.

Decision rationale: The California MTUS Guidelines recommend urine drug screening to assess for the presence of illegal drugs with opioid use. The clinical information indicated the injured worker has been taking opioids for an unspecified amount of time. However, there was no documentation with evidence of the last urinalysis completed. In addition, there was no documentation with evidence of a rationale for the need of a urinalysis. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Urinalysis is not medically necessary.

Senna laxative 8.6mg #120, two tabs twice daily as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend prophylactic treatment of constipation with the use of opioids. The clinical information indicated the injured worker has been taking opioids for an unspecified amount of time. However, there was no documentation with evidence of constipation. In addition, there was no documentation with evidence of efficacy of the medication. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Senna laxative 8.6mg #120, two tabs twice daily as needed is not medically necessary.

Oxycontin 20mg #90, one tab every 8 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The clinical information indicated the injured worker has been taking opioids for an unspecified amount of time. However, there was a lack of documentation in the clinical notes submitted of quantified numerical pain relief, increase of physical and psychosocial functioning, and documentation of side effects and/or aberrant behavior with the use of the medications. Given the absence of the information indicated above, the request is not supported. Therefore, the request for OxyContin 20mg #90, one tab every 8 hours is not medically necessary.

Norco 10/325mg #120, one tab every 4-6 hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The clinical information indicated the injured worker has been taking opioids for an unspecified amount of time. However, there was a lack of documentation in the clinical notes submitted of quantified numerical pain relief, increase of physical and psychosocial functioning, and documentation of side effects and/or aberrant behavior with the use of the medications. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Norco 10/325mg #120, one tab every 4-6 hours as needed is not medically necessary.