

<b>Case Number:</b>	CM15-0062459		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	12/11/2006
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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:

This 52 year old male who reported injury on 12/11/2006. The mechanism of injury is not detailed. Diagnoses include traumatic brain injury with secondary organic brain syndrome and hydrocephalus with a shunt, obstructive sleep apnea, dental loss, rule out osteoporosis due to opiate use, multiple leg fractures, pelvis fracture, recurrent left hip and ankle pain, and ophthalmoplegia from traumatic brain injury. Treatment has included oral medications and surgical intervention. Physician notes dated 3/3/2015 show a follow up appointment after traumatic brain injury. Complaints include rapid tooth decay, headaches, improved nausea, daytime somnolence, recurrent double vision, dizziness, decreased endurance, increased shortness of breath, and left hip and bilateral ankle pain. The documentation indicated the injured worker's CPAP machine was old. The injured worker had inappropriate daytime somnolence. The injured worker's vision had deteriorated and he had recurrent double vision. The injured worker was having shortness of breath. The medications were noted to have included Norco 1 to 2 per day and methadone 15 mg 4 times a day. The injured worker denied side effects. Recommendations include laboratory testing, Liness, orthopedic consultation for evaluation of hip and ankles, ophthalmology consultation, increase Pravastatin, evaluation with cardiology, replacement CPAP machine, follow up for dental repair, DEXA scan, eight hours of in-home help and supervision, and follow up in six to eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab test for Tylenol level: 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 Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/acetaminophen/tab/test>.

**Decision rationale:** Per LabTestsOnline.org, "The test for acetaminophen is used to measure the level of drug in the blood in order to establish a diagnosis of over dosage, to assess the risk of liver damage, and to help decide on the need for treatment." The clinical documentation submitted for review failed to indicate the injured worker had a necessity for a Tylenol level and there was a lack of documentation indicating the injured worker had suspicion of over dosage. Given the above, and the lack of a documented rationale, the request for lab tests for Tylenol level is not medically necessary.

**Lab test for Methadone level: 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 Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. There was a lack of documented rationale for a methadone level. Given the above, the request for lab tests for methadone level is not medically necessary.

**Lab test for Hydrocodone level: 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 Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. There was a lack of documented rationale for a hydrocodone level. Given the above, the request for lab tests for hydrocodone level is not medically necessary.

**New CPAP machine:** 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 Other Medical Treatment Guideline or Medical Evidence: Phillips, C. L., Grunstein, R. R., Darendeliler, M. A., Mihailidou, A. S., Srinivasan, V. K., Yee, B. J., & Cistulli, P. A. (2013). Health outcomes of continuous positive airway pressure versus oral appliance treatment for obstructive sleep apnea: a randomized controlled trial. *American journal of respiratory and critical care medicine*, 187(8), 879-887.

**Decision rationale:** Per Phillips, C. L., et. al, (2013), "Important health outcomes were similar after 1 month of optimal MAD and CPAP treatment in patients with moderate-severe OSA. The results may be explained by greater efficacy of CPAP being offset by inferior compliance relative to MAD, resulting in similar effectiveness." The clinical documentation submitted for review indicated the injured worker's CPAP machine was approximately 6 to 8 years old. However, there was a lack of documentation indicating the prior machine could not be repaired and utilized. The request as submitted failed to indicate the specific CPAP machine being requested. Given the above, the request for a new CPAP machine is not medically necessary.