

Case Number:	CM15-0093877		
Date Assigned:	05/20/2015	Date of Injury:	09/15/2003
Decision Date:	06/26/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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: Family Practice

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 60 year old male, who sustained an industrial/work injury on 9/15/03. He reported initial complaints of back pain. The injured worker was diagnosed as having chronic low back pain with radiculopathy, hypertension, hypertensive heart disease, pre-diabetes, arteriosclerotic cardiovascular disease, myocardial infarction, dyslipidemia, depression, and anxiety. Treatment to date has included medication, activity modification, physical therapy, epidural steroid injection and diagnostic testing. Currently, the injured worker complains of fluctuating pain to back. Per the primary physician's progress report (PR-2) on 3/20/15, pain level would continue to fluctuate with gradual increase in activity, sleep, and appetite. Medication was taken without difficulty. There was denial of chest pain, dyspnea, cardiac palpitations, uncontrolled hypertension, syncope or dizziness. Vital signs included blood pressure of 150/90, pulse of 62 and 92% oxygen saturation. Current plan of care included medication, weight loss, and progressive physical activity. The requested treatments include one (1) prescription of Hydrocodone APAP 7.5/325 mg and One (1) CBC, CMP, UA plus vitamin D, total testosterone, PSA.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Hydrocodone APAP 7.5/325mg #75 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the low back. Additional medical diagnoses include low back pain with radiculopathy, hypertension, coronary heart disease (which was deemed nonindustrial), s/p CABG, and major depression. The patient experienced a work-related injury on 09/15/2003. This review addresses a request for hydrocodone with acetaminophen 7.5/325 mg #75 tablets with 2 refills. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. In addition, the exact dose is not specified. Based on the documentation treatment with hydrocodone with acetaminophen is not medically necessary.

One (1) CBC, CMP, UA plus vitamin D, total testosterone, PSA: 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 labtestsonline.com.

Decision rationale: This patient receives treatment for chronic pain involving the low back. Additional medical diagnoses include low back pain with radiculopathy, hypertension, coronary heart disease (which was deemed nonindustrial), s/p CABG, and major depression. The patient experienced a work-related injury on 09/15/2003. This review addresses a request for a number of lab tests: CBC, CMP, UA plus vitamin D, total testosterone, PSA. This group of labs would be the sort of labs ordered for a middle aged adult male for a yearly physical exam. The documentation states that the patient's coronary disease is not work-related. The CBC measures the hemoglobin, a test for anemia, the white blood count, an indicator of inflammation, and CMP measures blood sugar, electrolytes, liver and kidney associated chemistries. Testosterone addresses symptoms of loss of libido. Urinalysis looks at glomerular functioning in the kidneys. The PSA blood test is useful for monitoring the return of prostate cancer cells for patients treated for prostate cancer. Vitamin D assays address vitamin D deficiency states. There is a wide range of adult medical disorders for which physicians order these tests. The challenge is that the documentation does not make clear why they are indicated now for this patient. Based on the limited documentation, these lab tests are not medically necessary.

