

Case Number:	CM15-0095924		
Date Assigned:	05/26/2015	Date of Injury:	03/19/2013
Decision Date:	09/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational 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 37-year-old male who sustained a work related injury March 19, 2013. Past history included lung collapse, irritable bowel syndrome, GERD (gastroesophageal reflux disease) and H-pylori positive 4/2014. According to a primary treating physician's progress report, dated December 10, 2014, the injured worker presented with improved sleep, anxiety, and depression. He has unchanged chest pain with rest, improved musculoskeletal pain, especially the left shoulder, which is rated 8/10. Physical examination revealed the lungs are clear to auscultation, chest tube scars noted at the mid axillary. There is pain on palpation of the sternum, which is easily reproduced with superficial pressure. The cardiac rate and rhythm are regular without rubs, gallops, or murmurs. Diagnoses are chemical exposure; chest pain rule out pulmonary versus anxiety; shortness of breath, rule out pulmonary versus anxiety. At issue, is the request for authorization for orthopedic consultation, left shoulder, Lidoderm patches, Albuterol inhaler, pulmonary function test, urine toxicology screen, gastrointestinal profile, hypertension profile, and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic surgeon of the left shoulder per 12/10/14 request:

Overtuned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record now provides sufficient documentation and does support a referral request. I am reversing the previous utilization review decision. Consultation with an orthopedic surgeon of the left shoulder is medically necessary.

Lidoderm patches #30 per 12/10/14 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm patches #30 is not medically necessary.

Albuterol inhaler #1 per 12/10/14 order: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/albuterol-sulfate-drug.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic) Asthma medications, Albuterol (Ventolin®).

Decision rationale: The Official Disability Guidelines recommend inhaled short-acting beta 2-agonists as a first-line choice for asthma. Inhaled corticosteroids (ICSs) are the most effective long-term control therapy. According to the very widely recognized GINA (Global Initiative for Asthma) guidelines, the treatment of occupational asthma is identical to other forms of this condition. Patient carries a diagnosis of shortness of breath. An Albuterol inhaler is appropriate. I am reversing the previous utilization review decision. Albuterol inhaler #1 is medically necessary.

Pulmonary function test per 12/10/14 order: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic), Pulmonary function testing.

Decision rationale: The Official Disability Guidelines recommend spirometry and pulmonary function testing of the diagnosis and management of chronic lung diseases, most notably asthma. In addition, pulmonary function testing it is sometimes utilized in a preoperative evaluation of a patient with pulmonary compromise. There is documentation in the records of the above criteria. I am reversing the previous utilization review decision. Pulmonary function test is medically necessary.

Urine toxicology screen per 12/10/14 request: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm#UrineDrugTesting>; Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology screen is not medically necessary.

GI profile per 12/10/14 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches; History and Physical Examination Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The patient has been monitored with the above laboratory regimen for over a year. There is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. GI profile per 12/10/14 order is not medically necessary.

HTN profile per 12/10/14 request: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches, History and Physical Examination Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement, Health Care Guideline: Hypertension Diagnosis and Treatment, November 2014, Fifteenth Edition, Pages 1-10.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Health Care Guideline: Hypertension Diagnosis and Treatment, initial lab screen should include 12-lead electrocardiogram, urinalysis, fasting blood glucose or A1c, serum sodium, potassium, creatinine (with estimated or measured glomerular filtration rate), calcium and lipid profile (total cholesterol, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol and triglycerides). Additional laboratory and diagnostic studies may be required in individuals with suspected secondary hypertension and/or evidence of target organ damage. The Guidelines recommend referral if abnormalities are discovered as a result of the investigation. In the case of this patient, no referral is documented to assess the above concerns or causation. HTN profile per 12/10/14 request is not medically necessary.

Urinalysis per 12/10/14 request: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use Page(s): 43; 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/odgtwc/pain.htm#UrineDrugTesting>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice, up to 4 times a year, and at termination. There is no documentation in the medical record that a urine drug screen is necessary for any of the above indications. Urinalysis ("urine toxicology screen" as stated in the medical record) is not medically necessary.