

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 08/20/2013
Date of Injury: 01/25/2000
IMR Application Received: 08/30/2013
MAXIMUS Case Number: CM13-0018792

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old male who reported injury on 01/25/2000. The mechanism of injury was stated to be the patient had a rail bar fall from above and hit him in the head. The patient was noted to be on baclofen and hydrocodone/acetaminophen, was noted to have pain radiating to the left calf, right calf, left foot, right foot, left thigh, and right thigh. The patient's diagnoses were noted to include spondylosis, cervical without myelopathy, low back pain, radiculopathy thoracic or lumbosacral, failed back surgery syndrome, pain in joint involving lower leg, sprain of cruciate ligament of the knee, HNP lumbar, muscle spasms, chronic pain due to trauma, and multiple other diagnoses. The plan was noted to include lab studies acetaminophen, lab studies baclofen, CBC with diff, EIA 9, free testosterone, hydrocodone lab studies, lab studies oxycodone, TSH, and a urine analysis.

IMR DECISION(S) AND RATIONALE(S)

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

1. One (1) lab study-Acetaminophen is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Acetaminophen, page 12, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend drug testing as an option to assess for the presence of illegal drugs. The medical records provided for review indicate that the employee was noted to have a multiple lab tests on 01/17/2013, which revealed the employee's use of hydrocodone, and

hydromorphone were detected, there was no detection of baclofen, the EIA 9 was negative, acetaminophen was less than 10, and the employee's TSH was 1.01. The medical records also indicated that the employee had a normal urinalysis, a normal CBC, and a normal chem-20. The employee was noted to have a drug screen on 01/17/2013, which revealed the employee had acetaminophen of less than 10. The medical records did not indicate the need for a repeat test, since the prior test was <10. **The request for one (1) lab study-Acetaminophen is not medically necessary and appropriate.**

2. One (1) lab study-Baclofen is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend drug testing to assess for the presence of illegal drugs and for on-going management there is use for drug screening in patients with issues of abuse, addiction, or poor pain control. The guidelines indicate that for drug screening, there should be documentation of misuse of medications including drug diversion. Drug screening is supported in patients who have poor pain control with issues of abuse. The medical records provided for review indicate that the employee's medications on 01/17/2013 included Baclofen; however, the serum plasma did not reveal baclofen. The medical records failed to indicate that the employee had issues of drug abuse. **The request for one (1) lab study-Baclofen is not medically necessary and appropriate.**

3. One (1) complete blood count (CBC) with differential is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, page 70, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend periodic lab monitoring of a CBC and a chemistry profile for patients on non-steroidal anti-inflammatory drugs (NSAIDs). The medical records provided for review do not indicate that the employee was on an NSAID. The medical records indicate that the prior CBC on 01/17/2013 was noted to be normal. **The request for one (1) complete blood count (CBC) with differential is not medically necessary and appropriate.**

4. One (1) Enzyme Immunoassay (EIA) 9 test is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, page 70, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that 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. The medical records provided for review indicate that on the date of 01/02/2013, the employee was noted to be taking hydrocodone/acetaminophen. The medical records also indicated that in the EIA 9 of 01/17/2013, the employee was negative for amphetamines, barbiturates, benzodiazepines, cannabinoid, cocaine, methadone, phencyclidine, and propoxyphene; however, the requested EIA 9 does not include testing for the medications that the employee was currently on. The request from 08/06/2013 did not change the employee's medications, nor did the request from 10/01/2013. **The request for one (1) Enzyme Immunoassay (EIA) 9 test is not medically necessary and appropriate.**

5. One (1) free testosterone test is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Testosterone, page 110, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend testosterone level testing with patients who are taking long-term, high-dose, oral opioids, and who exhibit symptoms or signs of hypogonadism. The medical records provided for review do not indicate that the employee was taking high-dose, oral opioids, and failed to indicate that the employee had symptoms or signs of hypogonadism. **The request for one (1) free testosterone test is not medically necessary and appropriate.**

6. One (1) lab study-Hydrocodone is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend use of drug screening in patients with issues of abuse, addiction, or poor pain control. The medical records provided for review indicate that the employee's drug screen on 01/17/2013 was positive for hydrocodone and hydromorphone, which was consistent with the employee's medications. There is a lack of documentation indicating the employee had issues of abuse or addiction. **The request for one (1) lab study-Hydrocodone is not medically necessary and appropriate.**

7. One (1) lab study-Oxycodone is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend the use of drug screening in patients with issues of abuse, addiction, or poor pain control. The medical records provided for review indicate that the employee's drug screen on 01/02/2013 was positive for hydrocodone and hydromorphone, which was consistent with the employee's medications. There is a lack of documentation indicating the employee had issues of abuse or addiction. **The request for one (1) lab study-Oxycodone is not medically necessary and appropriate.**

8. One (1) thyroid stimulating hormone (TSH) blood test is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the <http://labtestsonline.org/understanding/analytes/tsh/tab/test>

The Physician Reviewer's decision rationale:

Labtestsonline.org indicates that TSH testing is performed when a patient has symptoms of hyperthyroidism or hypothyroidism and an enlarged thyroid gland. Indications would be anxiety, weight loss, difficulty sleeping, and weakness. It could also include cold intolerance, hair loss, or fatigue. The medical records provided for review indicate the patient was negative for weight loss, weight gain and malaise. The medical records failed to indicate that the employee had signs and symptoms of hyperthyroidism or hypothyroidism, and failed to indicate the need for the requested testing. **The request for one (1) thyroid stimulating hormone (TSH) blood test is not medically necessary and appropriate.**

9. One (1) urine analysis is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG), Opioids, differentiation: dependence and addiction which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, and On-going management, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The medical records provided for review do not indicate that the employee had showed evidence of abuse, addiction, or poor pain control. Additionally, the employee's prior urinalysis on 01/17/2013 was noted to be normal. **The request for one (1) urine analysis is not medically necessary and appropriate.**

/sh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0018792