MAXIMUS Federal Services

Case Number:	CM14-0103745		
Date Assigned:	07/30/2014	Date of Injury:	08/08/2001
Decision Date:	09/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 75 year old female who sustained an injury on 08/08/01. No specific mechanism of injury was noted. The injured worker had been followed for ongoing complaints of severe pain in the right hip following a total hip arthroplasty. The injured worker was continually followed by pain management and was utilizing narcotic medications in addition to Benzodiazepines, Prozac, and medical marijuana. The most recent urine drug screens from May of 2014 noted inconsistent findings for Tetrahydrocannabinol as well as alcohol. As of 05/14/14, the injured worker had persistent complaints of right hip and left knee pain. Without medications, the injured worker reported her pain at 10/10 in severity. With medications, the injured worker was able to perform some home responsibilities; however, no other specific function was reported. Without her medications, the injured worker would be completely non-functional. Currently, the injured worker was taking Percocet 10/325mg 2-3 times daily as needed for pain. The injured worker was also utilizing topical Pennsaid, Alprazolam .5mg 1-1 tablets per day for anxiety, and Fluoxetine 20mg 2 tablets in the morning. The injured worker's physical examination noted no evidence of motor weakness but there was an antalgic gait. No side effects from medications were reported. The injured worker was under an opioid agreement. Follow up on 06/17/14 noted the injured worker had stable pain with medications. The injured worker's physical examination was essentially unchanged. The requested urinalysis, complete blood count, thyrois stimulating hormone, chemistry panels, testing for opioids, Percocet, quantity 90, Pennsaid, Alprazolam, quantity 45, and Tylenol were all denied by utilization review on 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Overturned

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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: In regards to the request for a urinalysis, this reviewer would have recommended this request as medically necessary. The prior urine drug screen from May of 2014 noted inconsistent results regarding the use of Ethyl alcohol. The injured worker was also noted to be utilizing medial marijuana and had tested positive for Tetrahydrocannabinol. Given these risk factors for aberrant medication use and as the injured worker was actively being prescribed controlled substances, this reviewer would have recommended this request as medically appropriate.

Complete Blood Count (CBC) with diff and plts: 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 Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: In regards to the request for a complete blood count, this reviewer would not have recommended this request as medically appropriate. From the clinical documentation submitted, there were no indications regarding concerns for the injured worker's bloodwork. No specific rationale was provided regarding this request to support the laboratory testing requested. Therefore, this reviewer would not have recommended this request as medically appropriate.

Thyroid Stimulating Hormone (TSH): 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 Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: In regards to the request for thyroid stimulating hormone testing, this reviewer would not have recommended this request as medically appropriate. From the clinical documentation submitted, there were no indications regarding concerns for the injured worker's

bloodwork. No specific rationale was provided regarding this request to support the laboratory testing requested. Therefore, this reviewer would not have recommended this request as medically appropriate.

Chem 19: 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 Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: In regards to the request for a Chem 19 panel, this reviewer would not have recommended this request as medically appropriate. From the clinical documentation submitted, there were no indications regarding concerns for the injured worker's bloodwork. No specific rationale was provided regarding this request to support the laboratory testing requested. Therefore, this reviewer would not have recommended this request as medically appropriate.

EIA9 W/GCMS4/Fentanyl/Merperidine: Overturned

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 (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: In regards to the request for specific EIA9/GCMS4/Fentanyl/Merperidine testing, this reviewer would have recommended this request as medically necessary. The prior urine drug screen from May of 2014 noted inconsistent results regarding the use of Ethyl alcohol. The injured worker was also noted to be utilizing medial marijuana and had tested positive for Tetrahydrocannabinol. Given these risk factors for aberrant medication use and as the injured worker was actively being prescribed controlled substances, this reviewer would have recommended this request as medically appropriate.

Oxycodone metabolite serum: Overturned

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 ODG) Pain Chapter, Urine Drug Testing

Decision rationale: In regards to the request for specific Oxycodone metabolite serum testing, this reviewer would have recommended this request as medically necessary. The prior urine drug screen from May of 2014 noted inconsistent results regarding the use of Ethyl alcohol. The

injured worker was also noted to be utilizing medial marijuana and had tested positive for Tetrahydrocannabinol. Given these risk factors for aberrant medication use and as the injured worker was actively being prescribed controlled substances, this reviewer would have recommended this request as medically appropriate.

Percocet #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Criteria for Use, Page(s): 88-89.

Decision rationale: From the clinical documentation submitted for review, there is no clear indication regarding functional improvement or pain relief with the use of this medication. The injured worker reported minimal ability to perform normal activities of daily living even with the medications. Overall, there was no substantial functional improvement or pain reduction obtained with this medication to support its ongoing use. Furthermore, there was no documentation regarding a discussion for the injured worker's inconsistent urine drug screen results regarding Ethyl alcohol. Furthermore, the request is not specific in regards to dose, frequency or duration. Given the inconsistent urine drug screen results as well as the minimal documentation regarding the efficacy of this medication, this reviewer would not have recommended this request as medically necessary.

Pennsaid one (1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR); Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: In regards to the request for Pennsaid, this reviewer would not have recommended this request as medically necessary. The injured worker has also been prescribed Tylenol as an over the counter anti-inflammatory. This would be duplicative therapy for a topical anti-inflammatory. There was no indication of any contraindications for oral anti-inflammatory use. Therefore, this reviewer would not have recommended this request as medically necessary.

Alprazolam #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: In regards to the use of Alprazolam quantity 45, this reivewer would not have recommended this medication as medically necessary based on the clincial documentatin provdied for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Furthermore, the request is not specific in regards to dose, frequency or duration. As such, this reviewer would not recommend continuing use of this medication.

Acetaminophen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Page(s): Pages 11-12..

Decision rationale: In regards to the request for acetaminophen, this reviewer would not have recommended this request as medically necessary. Although acetaminophen can be utilized on an as needed basis over the counter, Food and Drug Administration guidelines do not recommend more than 2 grams of Acetaminophen in 1 day due to concerns regarding hepatic function. The request is non-specific in regards to dose, frequency, or duration as well as quantity. Therefore, this reviewer would not recommend this request as medically necessary.