

Case Number:	CM13-0011318		
Date Assigned:	09/20/2013	Date of Injury:	11/16/2009
Decision Date:	01/13/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/14/2013

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 occupational medicine, and is licensed to practice in Missouri. 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.

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 claimant is a 59-year-old with date of injury 11/16/2009 who was involved in a motor vehicle accident resulting in injuries of physical/mental, soft tissue-neck, low back area, and upper back area. Claims for bilateral elbows, wrists and hands had been objected by the carrier. Diagnoses include cervicalgia, degenerative disc disease of cervical spine, lumbago, post-traumatic stress disorder and depression. The requested labs are performed quarterly, last approved on 9/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (complete blood count): Overturned

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

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

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of NSAIDs (non-steroidal anti-inflammatory drugs) could have adverse cardiovascular and gastrointestinal effects, as well as other disease related concerns: "Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. The use of NSAIDs may

compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: 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." Although labs that have been performed currently are normal (as documented on 4/22/2013), periodic monitoring of CBC is supported by the guidelines above. The request for a CBC (complete blood count) is medically necessary and appropriate.

Urine toxicology: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Specifically the use of urine toxicology is useful in management of opioid therapy and in screening for risk of addiction. The claimant has no documented indication of illicit drug use or controlled medication prescriptions. Urine drug screening on 3/12/2013 was reported as normal, however not available for review. Psychological evaluations report moderate caffeine use, no smoking, no reports of alcoholism or illicit drug use. The requesting physician does not discuss medical reasoning for ordering quarterly urine toxicology with this claimant. The request for urine toxicology is not medically necessary or appropriate.

Basic metabolic panel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects section Page(s): 70.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of NSAIDs could have adverse cardiovascular and gastrointestinal effects, as well as other disease related concerns: "Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: 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." Although labs that have been performed currently are normal (as documented on 4/22/2013), periodic monitoring of basic metabolic panel is supported by the guidelines above. The request for a basic metabolic panel is medically necessary and appropriate.

A hepatic function panel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects section Page(s): 70.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of NSAIDs could have adverse cardiovascular and gastrointestinal effects, as well as other disease related concerns: "Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: 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." Although labs that have been performed currently are normal (as documented on 4/22/2013), periodic monitoring of hepatic function panel is supported by the guidelines above. The request for a hepatic function panel is medically necessary and appropriate.

Creatine phosphokinase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - National Institutes of Health Electronic Database.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Web Search.

Decision rationale: The Physician Reviewer's decision rationale: Periodic monitoring of creatine phosphokinase is not covered by the Chronic Pain Medical Treatment Guidelines. A literature search on PubMed identifies urgent uses of creatine phosphokinase in evaluating patients for myocardial infarction, muscle damage, or muscle diseases. Creatine phosphokinase test on 4/22/2013 was normal. There is no medical discussion provided by the requesting physician on the necessity of this lab. The request for creatine phosphokinase is not medically necessary or appropriate.

C-reactive protein: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - National Institutes of Health Electronic Database..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Web Search.

Decision rationale: The Physician Reviewer's decision rationale: Periodic monitoring of c-reactive protein is not covered by the Chronic Pain Medical Treatment Guidelines. A literature search on PubMed identifies c-reactive protein as a non-specific inflammatory marker. The claimant has been injured for several years, and medical documentation does not suggest that her physical condition has changed recently. C-reactive protein tested on 4/22/2013 was normal. There is no medical discussion provided by the requesting physician on the necessity of this lab. The request for C-reactive protein is not medically necessary or appropriate.

An arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - National Institutes of Health Electronic Database..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Web Search.

Decision rationale: The Physician Reviewer's decision rationale: Periodic monitoring of arthritis panel is not covered by the Chronic Pain Medical Treatment Guidelines. A literature search on PubMed identifies labs included in arthritis panel to be useful in evaluating rheumatological disorders. Arthritis panel tested on 4/22/2013 was normal. There is no medical discussion provided by the requesting physician on the necessity of this laboratory panel. The request for an arthritis panel is not medically necessary or appropriate.