MAXIMUS Federal Services

Case Number:	CM13-0020912		
Date Assigned:	04/25/2014	Date of Injury:	10/11/2003
Decision Date:	08/26/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal 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:

This patient had a date of injury on 10/11/2003. The mechanism of injury was not noted. In a progress noted dated 8/19/2014, the subjective findings include the patient feeling somewhat better with improvement in anxiety and chest pain. On a physical exam dated 8/19/2014, he shows orientation to time, place, person, and situation, has no significant impairment in either short-term or long-term memory. His medication regimen consists of Paxil 30mg qd and Ativan .5mg bid prn. Diagnostic impression shows major depressive disorder, anxiety disorder, diabetes mellitus, pancreatitis, chronic pain and discomfort. Treatment to date: medication therapy, behavioral modification . A UR decision dated 8/19/2013 denied the request for Chem-12(comprehensive metabolic panel), and urinalysis, stating there was no documentation of complaints or medical indications that would relate to the ordering of these tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chem -12 (comprehensive metabolic panel): 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 Other Medical Treatment Guideline or Medical

Evidence:https://www.itriagehealth.com/procedures/chem-12-comprehensive-metabolic-panel-blood-test-298.

Decision rationale: A Chem-12 is also called a Comprehensive Metabolic Panel (CMP) or a SMA-12. This test measures blood chemistries and proteins that help diagnose many conditions, including diabetes, kidney and liver diseases. The Chem-12 tests for electrolytes (sodium, potassium, carbon dioxide, and chloride), kidney tests (creatinine, blood urea nitrogen), proteins (albumin, total protein), liver tests (alkaline phosphatase, alanine amino transferase, aspartate amino transferase, bilirubin), glucose and calcium. The electrolytes become abnormal for many reasons including dehydration and adverse reactions to medications. Kidney malfunction causes the creatinine and blood urea nitrogen to increase. Problems with the liver results in elevations in the liver tests. Diabetes is diagnosed by demonstrating elevated glucose levels. In a progress note date 8/19/2013, the patient was diagnosed with type II diabetes. It is important to monitor the patients glucose levels in order to avoid further potential complications associated with this disease. Therefore, the request for Chem-12 is medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines Urine testing in ongoing opiate management Page(s): 78,43.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the reports viewed, there was no indication that the patient is on an opioid regimen or any discussion regarding the purpose of the Urine analysis. Therefore, the request for urine drug screen was not medically necessary.