

Case Number:	CM13-0027309		
Date Assigned:	03/19/2014	Date of Injury:	12/14/2003
Decision Date:	04/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for bilateral lumbar radiculopathy associated with an industrial injury date of December 14, 2003. A utilization review from September 11, 2013 denied the request for test to include serum amylase, CBC with differential, fecal occult blood, and CMP. Reasons for denial were not available. Treatment to date has included discectomy 2004, epidural injections, and opioid and non-opioid pain medications. Medical records from 2013 through 2014 were reviewed showing the patient was scheduled to undergo anterior and posterior L4 to S1 decompression and instrumented fusion; however, preoperative testing found elevated liver enzymes. The elevation of the liver enzymes were idiopathic and did not reveal any other abnormalities. The patient has frequent complaints of vomiting and GI complaints and medication intolerance. On physical exam, no abdominal masses were palpated. Current medication includes Vicodin and a muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TEST TO INCLUDE SERUM AMYLASEM, CBC WITH DIFFERENTIAL, FECAL OCCULT BLOOD, AND CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization Global Guideline

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Opioid Toxicity Workup, Amylase, and Mayo Clinic Fecal Occult Blood Test

Decision rationale: The CA MTUS does not address this request specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medscape Opioid Toxicity Workup, Amylase; and Mayo Clinic Fecal Occult Blood Test were used instead. [REDACTED] indicates that in patients with moderate to severe opioid toxicity, baseline studies including a CBC and a compressive metabolic panel is appropriate; amylase is used for diagnostic testing of pancreatic cancers. According to the [REDACTED], fecal occult blood testing is used to detect cancer in the GI tract. In this case, the patient was scheduled to undergo back surgery. However, the preoperative workup discovered increased liver enzymes. The patient is not on any NSAIDs since 2011 and is only on opioids. There were no other signs or symptoms that were indicated besides the elevated enzymes. There were no masses found and findings were concluded to be consistent with an idiopathic increase in enzymes. Therefore, and the request for 1 TEST TO INCLUDE SERUM AMYLASEM, CBC WITH DIFFERENTIAL, FECAL OCCULT BLOOD, AND CMP is not medically necessary.