

Case Number:	CM13-0028662		
Date Assigned:	11/27/2013	Date of Injury:	11/16/2010
Decision Date:	02/03/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic shoulder pain, chronic neck pain, chronic knee pain, and chronic mid back pain reportedly associated with an industrial injury of November 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent restrictions in place. The applicant is apparently alleging both a specific injury and cumulative trauma. In a utilization review report of September 16, 2013, the claims administrator certified a request for followup visit and partially certified a request or laboratory testing. The applicant's attorney later appealed. An earlier progress note of October 1, 2013 is notable for ongoing complaints of neck, lower back, left arm, and left shoulder pain. Limited range of motion with positive provocative testing is noted. The applicant is given prescriptions for Nucynta, Klonopin and Soma with one refill. Permanent work restrictions are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quarterly Labs (Complete Blood Count, Chem 8 Panel, C-Reactive Protein, Arthritis Panel): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines, recommend monitoring those applicants using NSAIDs chronically. These tests include complete blood count testing (CBC) and chemistry profile including renal and hepatic function testing. No frequency or interval for laboratory testing has been established in the MTUS Chronic Pain Guidelines, however. In this case, while the applicant is not using NSAIDs, she is using other analgesics that could be nephrotoxic and/or hepatotoxic, including Nucynta, Klonopin, and Soma. Thus, the CBC, renal function testing, and hepatic function testing portion of the testing could be recommended. However, the attending provider has not set forth any compelling rationale or narrative for the C-Reactive Protein (CRP) and/or arthritis panel portions of the request. The attending provider has not, furthermore, furnished any clear or compelling documentation as to why the applicant needs frequent, quarterly testing here. There is no clearly voiced history of renal insufficiency, hepatotoxicity, transaminitis, hepatitis, etc., for which for more frequent laboratory testing would be indicated. Therefore, the request for quarterly labs is not medically necessary and appropriate.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter.

Decision rationale: While page 43 of the MTUS Chronic Pain Guidelines does support intermittent urine drug testing in the chronic pain population, the Guidelines do not establish specific parameters for or a frequency with which to perform urine drug testing. In this case, it is further noted that the attending provider did not attach the applicant's complete medication list, drug test being sought, and/or drug panel being tested for along with the request for authorization or application for independent medical review. The Official Disability Guidelines (ODG) Chronic Pain chapter urine drug testing topic does state that a detailed list of all drugs that an applicant is taking should be included in the request accompanying the test and the attached progress note should also indicate complete list of drug panels being evaluated for. In this case, however, the attending provider did not meet either of the aforementioned ODG criteria. Therefore, the request for a urine toxicology screen is not medically necessary and appropriate.