

Case Number:	CM13-0032271		
Date Assigned:	12/11/2013	Date of Injury:	04/03/2006
Decision Date:	02/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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:

This is a 51 year old patient who had injury on April 3 2006 and Nov 6 2008. On Sept 13 2012, a patient status report showed that he was taking Vicodin, soma, Cymbalta, Xanax and Ambien. Patient had undergone decompression and fixation of the lumbar spine. These were used to treat his pain symptoms. On Oct 23 2012, per [REDACTED], the patient was noted to have ongoing pain in his lower back and legs, as well as pain in the neck, upper back and trapezius areas. On May 16 2013, [REDACTED] suggested a retrial of different medications which included Cymbalta. He was also to continue Xanax and Ambien. On June 27 2013, [REDACTED] found patient was having side effects from the increased dose of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasting labs (GI, DM, HTN, Profiles and free testerone): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Fasting Plasma Glucose Test.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Fasting Plasma Glucose Test.

Decision rationale: There are no specific MTUS or ACOEM guidelines to address lab testing in patients who suffer injuries. Testing can be done in patients on high dose opiates. Alternatively, if there is clinical suspicion that patient may have an underlying disease which can affect outcome and care, then testing is done. Based on the clinical documentation, there are no physical exam findings that would suggest further lab testing was warranted or medically indicated.