

Case Number:	CM13-0038228		
Date Assigned:	12/18/2013	Date of Injury:	06/07/2013
Decision Date:	02/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pulmonary Disease 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 patient is a 31-year-old male who reported an injury on 06/08/2013. The patient is currently diagnosed with a closed metatarsal fracture. The patient was seen by [REDACTED] on 11/13/2013. The patient is status post metatarsal fracture with crush injury involving the right foot. The patient is walking independently without the use of a brace or a crutch. The patient has noted improvement in range of motion with physical therapy. Physical examination revealed good circulation, improved sensation, and very minimal swelling. Treatment recommendations included continuation of work restrictions

IMR ISSUES, DECISIONS AND RATIONALES

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

UA Tox Screen Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing

should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no evidence of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high-risk category that would require frequent monitoring. The medical necessity for the requested service has not been established. As such, the request is non-certified.

CBC Test: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high-dose use of NSAIDs and acetaminophen. 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. There are no guideline recommendations for specific frequency in performing laboratory evaluation, and repeat testing is based on patient risk factors and related symptoms. The medical rationale for the requested laboratory studies was not provided. Therefore, the request is non-certified.

CRP Test: Upheld

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 www.labtestsonline.org

Decision rationale: The Physician Reviewer's decision rationale: Labtests.org states C-reactive protein (CRP) is a non-specific test. It is used by a doctor to detect inflammation if there is a high suspicion of tissue injury or infection somewhere in the body, but the test cannot tell where the inflammation is or what condition is causing it. The medical rationale for the requested laboratory studies was not provided. There was no documentation suggesting significant inflammation that would require further assessment. Therefore, the request is non-certified.

CPK Test: Upheld

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 www.nlm.nih.gov/medlineplus

Decision rationale: The Physician Reviewer's decision rationale: Medline Plus states Creatine phosphokinase (CPK) is an enzyme found mainly in the heart, brain, and skeletal muscle. When the total CPK level is very high, it usually means there has been injury or stress to muscle tissue, the heart, or the brain. Muscle tissue injury is most likely. When a muscle is damaged, CPK leaks into the bloodstream. The documentation provided did not provide a rationale as to the necessity of this test with no noted suspicion of a muscle tissue injury that would need to be further evaluated. The medical rationale for the requested laboratory studies was not provided. Therefore, the request is non-certified.

CHEM 8 Test: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high-dose use of NSAIDs and acetaminophen. 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. There are no guideline recommendations for specific frequency in performing laboratory evaluation, and repeat testing is based on patient risk factors and related symptoms. The medical rationale for the requested laboratory studies was not provided. Therefore, the request is non-certified.

Hepatic Panel Test: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high-dose use of NSAIDs and acetaminophen. 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. There are no guideline recommendations for specific frequency in performing laboratory evaluation, and repeat testing is based on patient risk factors and related symptoms. The medical rationale for the requested laboratory studies was not provided. Therefore, the request is non-certified.

Arthritis Panel Test: Upheld

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 www.labtestsonline.org

Decision rationale: The Physician Reviewer's decision rationale: Labtestsonline.com states in addition to clinical evaluation involving a discussion of symptoms and a physical exam, laboratory and non-laboratory testing is often done to help diagnose rheumatoid arthritis, to distinguish it from other forms of arthritis and conditions with similar symptoms, and to evaluate its severity. Testing can also be used to monitor the condition, its potential complications, response to Treatment, and to monitor for potential side effects associated with some treatments. The documentation submitted for review did not provide a rationale regarding the necessity of the requested test or suspicion of arthritis that would require further evaluation. The medical rationale for the requested laboratory studies was not provided. Therefore, the request is non-certified.