

Case Number:	CM13-0047595		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2013
Decision Date:	11/05/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 a 69-year-old male who reported an injury on 09/26/2003. The patient is currently diagnosed with calcific tendinitis in the right supraspinatus tendon, hypogonadotrophic hypogonadism, arthroscopic repair of the right rotator cuff and acromioplasty in 2008, and right ulnar and median neuropathy. The patient was seen by [REDACTED] on 10/09/2013. The patient reported back pain, stiffness, numbness, and spasm. The patient completed 12 sessions of physical therapy. Physical examination revealed painful range of motion, 5/5 muscle strength, normal muscle tone, tenderness in the right shoulder, good coordination, and decreased sensation in the S1 and L5 dermatome. Treatment recommendations included continuation of current medications and home exercise program, as well as lab orders for a urine drug screen, CBC, CMP, testosterone level, and PSA.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for lab orders: urine drug screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10 and 32-33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that 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 documentation submitted, the patient's injury was over 10 years ago to date, and there is no indication of non-compliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the requested services are not medically necessary or appropriate.

The request for lab orders: complete blood count (CBC): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to a long term and high dose use of NSAIDs (nonsteroidal anti-inflammatory drugs) and acetaminophen. There has been a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. As per the documentation submitted, the patient exhibits no symptoms to suggest abnormality due to medication use. Therefore, the medical necessity for the requested laboratory testing has not been established. As such, the requested services are not medically necessary or appropriate.

The request for lab orders: comprehensive metabolic panel (CMP): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to a long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy,

but the interval of repeating lab tests after this treatment has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. As per the documentation submitted, the patient exhibits no symptoms to suggest abnormality due to medication use. Therefore, the medical necessity for the requested laboratory testing has not been established. As such, the requested services are not medically necessary or appropriate.

The request for lab orders: testosterone: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, by the American Association for Clinical Chemistry

Decision rationale: Testosterone levels measure the level of testosterone in the blood. Testosterone testing is used to diagnose several conditions in men, women, girls, and boys. It is often used to detect an abnormal testosterone level in males to help diagnose the cause of erectile dysfunction, the inability of your partner to get pregnant, or premature or delayed puberty. As per the documentation submitted, there is no evidence of any symptoms to suggest abnormality. There are no symptoms to suggest low testosterone or prostate problems currently being experienced. The medical necessity for the requested laboratory testing has not been established. Therefore, the requested services are not medically necessary or appropriate.

The request for lab orders: prostate-specific antigen (PSA): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, by the American Association for Clinical Chemistry

Decision rationale: A total PSA test may be used as a monitoring tool to help determine the effectiveness of treatment for prostate cancer. There is no current consensus among experts on the usefulness of this test for screening asymptomatic patients. As per the documentation submitted, the patient exhibits no symptoms to suggest an abnormality. The patient does not maintain a diagnosis of prostate cancer. The medical necessity for the requested laboratory testing has not been established. Therefore, the requested services are not medically necessary or appropriate.