

Case Number:	CM13-0048975		
Date Assigned:	12/27/2013	Date of Injury:	01/19/1995
Decision Date:	04/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Medicine and is licensed to practice in Arizona. 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 74 year-old male with a date of injury on 1/19/1995. The patient has ongoing symptoms to both knees, back, dental, multiple sclerosis, and psyche. Subjective complaints are of severe bilateral knee pain. Physical exam shows left leg muscle tone diminished, tenderness to bilateral buttock and sacroiliac joints. Lumbar range of motion is decreased, and there are positive bilateral straight leg raise tests. Right and left hip, knee, ankle and foot strength was decreased. Medications include Ambien, Carvedilol, Hydralazine, Lidoderm, Lyrica, Nifedical, and Norco. Submitted documentations states that at the treating physician's office all patients prescribed medications will have routine CBC, chem pain, TSH, UA, and UDS twice a year, and male patients will be screened for PSA and Testosterone.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB. STUDIES, CONSISTING OF ; THYROID STIMULATING HORMONE (TSH),, URINALYSIS, ACETAMINOPHEN, COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL, FREE TESTOSTERONE, HYDROCODONE, CHEM 20, AND ENZYME IMMUNOASSAYS (EIA)9.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Testosterone. Prim Care Companion CNS Disord. 2012; 14(3): PCC.11m01326

Decision rationale: CA MTUS is silent on routine laboratory testing for chronic pain patients; therefore other current guidelines were referenced. The ODG does recommend testosterone testing in limited patients for taking high-dose long-term opioids. This patient has chronic pain as well as the diagnosis of multiple sclerosis. Referenced guidelines indicate that chronic opioid therapy can adversely affect respiratory, gastrointestinal, musculoskeletal, cardiovascular, immune, endocrine, and central nervous systems. Due to this patient being on chronic opioid therapy and concurrent multiple sclerosis, laboratory testing to evaluate endocrine, hematologic, and immune function are appropriate and medically necessary.