

Case Number:	CM13-0052112		
Date Assigned:	12/27/2013	Date of Injury:	05/11/2008
Decision Date:	03/24/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 [REDACTED] employee who has filed a claim for chronic shoulder, low back, knee, leg, ankle, midback, and lower back pain reportedly associated with an industrial injury of May 11, 2006. Thus far, the applicant has been treated with the following: analgesic medications, adjuvant medications, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, psychological counseling, and extensive periods of time off of work. A progress note of October 11, 2013 is notable for comments that the applicant reports multifocal low back pain radiating to the bilateral legs. The applicant is on Protonix, Neurontin, baclofen, and Pristiq. The applicant is having anxiety, depression, insomnia, and numbness about the extremities. The applicant reports 7/10 pain with medications and 9/10 pain without medications. The applicant states that his ability to perform activities of daily living and work versus volunteer is improved as a result of the medications in question. He is reportedly less depressed now. Several medications and laboratory testing are apparently ordered on this date, including a Klonopin level. Laboratory testing of October 11, 2013 is notable for a low Klonopin level less than 10, the absence of any baclofen, a negative nine-drug urine panel, negative urinalysis, a normal white count of 9100, normal platelet count of 186,000, a normal hemoglobin and hematocrit of 15.1 and 46.3, and comprehensive metabolic panel (CMP) notable for normal transaminases, normal renal function with creatinine of 0.63, and normal electrolytes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen level QTY:1: 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 Medical Toxicology, Edited by Richard Dart, 3rd Edition, Page 599, Accurate and Subacute Overdose of Centrally Acting Muscle Relaxant-Diagnostic Test-Laboratory Test: Quantitative blood levels of these agents are available from only referral laboratories. Blood

Decision rationale: The MTUS does not address the topic. As noted in the Medical Toxicology textbook, quantitative blood levels of agents such as baclofen are available only from referral laboratories. Blood levels are typically not used for clinical management but may be helpful occasionally in confirming exposure and source and toxic effects. In this case, however, there is no indication that the applicant sustained a baclofen overdose. There is no indication that baclofen toxicity was suspected here. There was, consequently, no reason to obtain quantitative blood levels of baclofen. Therefore, the request is retrospectively not certified.

Complete Blood Count (CBC) with diff QTY:1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Routine Suggested Monitoring with NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Routine Suggested Monitoring with NSAIDS Page(s): 70.

Decision rationale: The MTUS does not address the topic of laboratory monitoring for those individuals on baclofen. As noted in the Pain Review Textbook, baseline laboratory test should also be obtained prior to starting baclofen. It is further noted that page 70 of the MTUS Chronic Medical Treatment Guidelines does support routine CBC, renal function testing, and hepatic function testing in those applicants using NSAIDs, by implication, performing intermittent CBC testing on those individuals using baclofen is likewise indicated and is, furthermore, supported by both textbooks referenced below. The Drug Therapy and Nursing textbook further notes that baclofen can induce elevations in transaminases and/or serum glucose. For all the stated reasons, then, the proposed CBC testing was indicated and is retrospectively certified.

Enzyme Immunoassay (EIA9) QTY:1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen and Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Drug Testing Page(s): 43.

Decision rationale: As noted on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, intermittent drug testing is recommended as an option in chronic pain applicants, to address further use or presence of illegal drugs. In this case, the attending provider performed a standard nine panel urine drug screen. This was indicated and appropriate, given the chronicity of the applicant's issues and concomitant need for medication usage. Therefore, the request is retrospectively certified.

Klonopin Level QTY 1: 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 the Laboratory Medicine in Psychiatric and Behavioral Science, Sandra Jacobson, M.D., American Psychiatric Association Publishing, 2012, Page 94: Clonazepam level-indications-screening for drug use; suspicion of overdose, signs of toxicity in a treated patient; su

Decision rationale: MTUS does not address the topic. As noted in the Laboratory Medicine in Psychiatry and Behavioral Science textbook, indications to obtain a clonazepam or Klonopin level include screening for drug use, suspicion on overdose, signs of toxicity in a treated patient, and suspected noncompliance with prescribed therapy. In this case, no clear rationale for the Klonopin level was provided. It was not clearly stated that the claimant had symptoms of toxicity or overdose. There was no clearly stated suspicion of noncompliance with prescribed therapy. Therefore, the request is retrospectively not certified.

Retrospective request for urinalysis QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Routine Suggested Monitoring with NSAIDS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Algorithm 12-1, Page 311, urinalysis is indicated in individuals in whom there are red flags for suspected cancer and/or infection. In this case, however, it is not clearly stated why the urinalysis was performed. No rationale for the test in question was provided. The attending provider has not commented on the results on the urinalysis and/or stated why this test was ordered. Therefore, the request is retrospectively not certified.

Comprehensive Metabolic Panel (CMP, Chem 19) QTY:1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Routine Suggested Monitoring with NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS, Adverse Effects Page(s): 70. Decision based on Non-MTUS Citation Medical Toxicology, Edited by Richard Dart, 3rd Edition, Page 599, Accurate and Subacute Overdose of Centrally Acting Muscle Relaxant-Diagnostic Test-Laboratory Test: Quantitative blood levels of these agents are available from only referral laboratories. Blood

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine laboratory monitoring in those applicants using NSAIDs chronically includes CBC testing, renal function testing, and hepatic function testing. All of these items were tested for. Renal and hepatic function testing are part and parcel of the CMP panel. It is further noted that routine laboratory monitoring is indicated in those individuals starting baclofen, as noted above, for all of the stated reasons. By analogy, page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does support routine laboratory monitoring in those individuals using medications chronically, including renal and hepatic function testing, as were tested for here. The textbook "Medical Toxicology, Edited by Richard Dart, 3rd Edition", referenced in the Physician Reviewer's section for this question also suggests that routine laboratory monitoring including CBC and CMP testing are indicated and appropriate in those applicant's using baclofen chronically. For all of the stated reasons, then the request is retrospectively certified.