

<b>Case Number:</b>	CM13-0052796		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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, has a subspecialty in Interventional Spine, 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 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 59 year old female with date of injury 11/16/09. The treating physician report dated 10/7/13 indicates that the patient presents with complaints affecting the cervical, thoracic and lumbar spine and psyche. Her pain is rated a 4/10. The current diagnoses are: 1. Cervical spine degenerative disease 2. Lumbago 3. Depression with post traumatic stress disorder 4. Cervicothoracic lumbar spine myofascial pain syndrome. The utilization review report dated 10/28/13 denied the request for labs, CPK, CBC, CRP, arthritis panel, hepatic function and point of care testing, urine drug screen based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **QUARTERLY LABS; CREATINE PHOSPHOKINASE (CPK): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF RHEUMATOLOGY RECOMMENDATIONS: ([HTTP://WWW.RHEUMATOLOGY.ORG/PRACTICE/CLINICAL/QUALITY/DRUG-SAFETY/](http://www.rheumatology.org/practice/clinical/quality/drug-safety/)).

**Decision rationale:** The patient presents with chronic pain affecting the cervical thoracic and lumbar spine that is rated a 4/10. The current request is for quarterly labs; Creatine Phosphokthase (CPK). The treating physician states that the patient is taking Naproxen 550mg b.i.d. as well as OTC PPI to protect her stomach. The treating physician states, "We are requesting authorization for quarterly labs and urine POC to make sure the patient can safely metabolize and excrete the medications prescribed." The MTUS and ODG guidelines do not address quarterly lab; CPK testing. However, for chronic NSAIDs, The American College of Rheumatology recommend hemoglobin or hematocrit is recommended at based-line and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this patient, the treating physician does not identify any such risk factors. Furthermore, laboratory testing every 3 months would appear excessive. For Naproxen, at the current prescribed dose of less than 1100mg/day, there is no known hepatic risk unless the patient drinks alcohol, or has a liver condition. Routine laboratory testing every 3 months are excessive. Recommendation is for denial. The quarterly labs: Creatine Phosphokthase (CPK) is not medically necessary and appropriate.

**QUARTERLY LABS; COMPLETE BLOOD COUNT (CBC): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF RHEUMATOLOGY RECOMMENDATIONS: ([HTTP://WWW.RHEUMATOLOGY.ORG/PRACTICE/CLINICAL/QUALITY/DRUG-SAFETY/](http://www.rheumatology.org/practice/clinical/quality/drug-safety/)).

**Decision rationale:** The patient presents with chronic pain affecting the cervical thoracic and lumbar spine that is rated a 4/10. The current request is for quarterly labs; Complete Blood Count (CBC). Current medications are reported as Naproxen 550mg b.i.d. as well as OTC PPI to protect her stomach. The treating physician states, "We are requesting authorization for quarterly labs and urine POC to make sure the patient can safely metabolize and excrete the medications prescribed." The MTUS and ODG guidelines do not address quarterly lab; CBC testing. However, for chronic NSAIDs, The American College of Rheumatology recommend hemoglobin or hematocrit is recommended at baseline and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this case, the treating physician does not identify any such risk factors. Furthermore, laboratory testing for WBC, WBC with differential, RBC, MCV, MCH, MCHC RDW, platelet count and MPV are not recommended and are included in a CBC. For Naproxen, at the current prescribed dose of less than 1100mg/day, there is no known hepatic risk unless the patient drinks alcohol, or has a liver condition which has not been identified. Routine laboratory testing every 3 months is excessive and beyond the recommendations of Hematocrit or Hemoglobin at baseline and once in the first year. Recommendation is for denial. The quarterly labs: Complete Blood Count (CBC) is not medically necessary and appropriate.

## **QUARTERLY LABS; C-REACTIVE PROTEIN (CRP): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF RHEUMATOLOGY RECOMMENDATIONS: ([HTTP://WWW.RHEUMATOLOGY.ORG/PRACTICE/CLINICAL/QUALITY/DRUG-SAFETY/](http://www.rheumatology.org/practice/clinical/quality/drug-safety/)).

**Decision rationale:** The patient presents with chronic pain affecting the cervical thoracic and lumbar spine that is rated a 4/10. The current request is for quarterly labs; C-reactive protein (CRP). Current medications are reported as Naproxen 550mg b.i.d. as well as OTC PPI to protect her stomach. The treating physician states, "We are requesting authorization for quarterly labs and urine POC to make sure the patient can safely metabolize and excrete the medications prescribed." The MTUS and ODG guidelines do not address quarterly lab; CRP testing. However, for chronic NSAIDs, The American College of Rheumatology recommend hemoglobin or hematocrit is recommended at baseline and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this case, the treating physician does not identify any such risk factors. The treating physician has asked for a C-reactive protein test which is not recommended by the American College of Rheumatology. While this test may be indicated in certain conditions such as Lupus or rheumatoid arthritis, the patient has not been identified as having any conditions that require routine testing of CRP. Recommendation is for denial. The request for Quarterly labs: C-Reactive Protein (CRP) is not medically necessary and appropriate.

## **QUARTERLY LABS; ARTHRITIS PANEL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF RHEUMATOLOGY RECOMMENDATIONS: ([HTTP://WWW.RHEUMATOLOGY.ORG/PRACTICE/CLINICAL/QUALITY/DRUG-SAFETY/](http://www.rheumatology.org/practice/clinical/quality/drug-safety/)).

**Decision rationale:** The patient presents with chronic pain affecting the cervical thoracic and lumbar spine that is rated a 4/10. The current request is for quarterly labs; Arthritis Panel. Current medications are reported as Naproxen 550mg b.i.d. as well as OTC PPI to protect her stomach. The treating physician states, "We are requesting authorization for quarterly labs and urine POC to make sure the patient can safely metabolize and excrete the medications prescribed." The MTUS and ODG guidelines do not address quarterly lab; Arthritis panel testing. However, for chronic NSAIDs, The American College of Rheumatology recommend hemoglobin or hematocrit is recommended at baseline and during the first year if the patient has

risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this case, the treating physician does not identify any such risk factors. The treating physician has asked for an Arthritis panel which is not recommended by the American College of Rheumatology. There are several tests that are performed when ordering an "Arthritis Panel", however, none of the tests are recommended by the American College of Rheumatology. While this test may be indicated for certain conditions such as Lupus or rheumatoid arthritis, it has not been recommended for neck pain or back pain. Recommendation is for denial. The Quarterly Labs: Arthritis Panel is not medically necessary and appropriate.

**QUARTERLY LABS; HEPATIC FUNCTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF RHEUMATOLOGY RECOMMENDATIONS: ([HTTP://WWW.RHEUMATOLOGY.ORG/PRACTICE/CLINICAL/QUALITY/DRUG-SAFETY/](http://www.rheumatology.org/practice/clinical/quality/drug-safety/)).

**Decision rationale:** The patient presents with chronic pain affecting the cervical thoracic and lumbar spine that is rated a 4/10. The current request is for quarterly labs; Hepatic function. Current medications are reported as Naproxen 550mg b.i.d. as well as OTC PPI to protect her stomach. The treating physician states, "We are requesting authorization for quarterly labs and urine POC to make sure the patient can safely metabolize and excrete the medications prescribed." The MTUS and ODG guidelines do not address quarterly lab; Hepatic function testing. However, for chronic NSAIDs, The American College of Rheumatology recommend hemoglobin or hematocrit is recommended at baseline and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this case, the treating physician does not identify any such risk factors. The treating physician has asked for a Hepatic function lab test which is not recommended by the American College of Rheumatology. The hepatic function panels include the following tests: Total protein, Albumin, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, AST and ALT; however none of the tests are recommended by the American College of Rheumatology. While this test may be indicated for certain conditions, it has not been recommended for neck pain or back pain and the usage of Naproxen. Recommendation is for denial. The Quarterly Labs: Hepatic Function is not medically necessary and appropriate.

**POINT OF CARE TESTING-URINE DRUG SCREEN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, Steps to avoid opioid misuse Page(s): 43, 94-95.

**Decision rationale:** The patient presents with chronic pain affecting the cervical thoracic and lumbar spine that is rated a 4/10. The current request is for Point of Care testing; Urine drug screen. Current medications are reported as Naproxen 550mg b.i.d. as well as OTC PPI to protect her stomach. The treating physician states, "We are requesting authorization for quarterly labs and urine POC to make sure the patient can safely metabolize and excrete the medications prescribed." The MTUS guidelines state on page 43, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." MTUS does recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. The review of the reports provided does not show that the patient is using opioids or that the treating physician will be initiating a prescription for opioid usage. There is nothing in the reports provided to indicate that the patient is at risk for illegal drug usage. Recommendation is for denial. The point of care testing--urine drug screen is not medically necessary and appropriate.