

<b>Case Number:</b>	CM13-0054717		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Internal Medicine and Pulmonary Diseases, 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 62-year-old male who reported injury on 3/18/13. The mechanism of injury was repetitive trauma. The documentation of 8/19/13 revealed that the patient had diagnoses of left subtalar arthritis status post arthroscopy, history of left foot osteomyelitis status post multiple I&D with prolonged infection and regional osteoporosis, left equinus deformity, obesity, hypertension, gastroesophageal reflux, depression, anxiety and insomnia. The medication management plan was to continue Dexilant and Tribenzor. Additionally, it was indicated that the patient would continue to require four sessions of home care weekly, and complete an orthopedic ankle foot specialty visit for Achilles lengthening for equinus deformity on 9/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINALYSIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The California MTUS guidelines state that urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The patient underwent

a urine drug screen on 8/22/13, which was appropriate. There was a lack of documentation requesting the urinalysis and providing the rationale for the requested urinalysis. There was no PR-2 submitted for review requesting the urinalysis. The request as submitted failed to indicate the quantity of urinalysis being requested. Given the above, the request is not medically necessary.

**COMPLETE BLOOD COUNT (CBC) SERIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov)

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

**Decision rationale:** The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4-8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The DWC Form RFA and PR-2 were not submitted with this request. There was a lack of documented rationale for the necessity for this test. There was a lack of quantity of lab draws being requested as the submitted request indicated there was a series being requested. Given the above, the request for a complete blood count series is not medically necessary.

**BASIC METABOLIC PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov)

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

**Decision rationale:** The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4-8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The DWC Form RFA and PR-2 were not submitted with this request. There was a lack of documented rationale for the necessity for this test. There was a lack of quantity of lab draws being requested as the submitted request indicated there was a series being requested. Given the above, the request for a basic metabolic panel is not medically necessary.

**LIVER FUNCTION TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov)

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

**Decision rationale:** The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4-8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The DWC Form RFA and PR-2 were not submitted with this request. There was a lack of documented rationale for the necessity for this test. There was a lack of quantity of lab draws being requested as the submitted request indicated there was a series being requested. Given the above, the request for a liver function test is not medically necessary.

**HEMOGLOBIN A1C:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guideline.gov

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LabTestsOnline.org

**Decision rationale:** Per labtestsonline.org, the A1C test is used to monitor the glucose control of diabetics over time. The clinical documentation submitted for review failed to provide a PR-2 or a DWC Form RFA with the requested service. There was a lack of documentation of the rationale for the requested service. Given the above, the request for hemoglobin A1C is not medically necessary.