

Case Number:	CM13-0059175		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2012
Decision Date:	06/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in 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 injured worker is a 39 year old female who reported an injury on 02/17/2012 due to heavy lifting. The clinical note dated 10/17/2013 noted the injured worker presented with complaints of pain to the lower back at 7/10, with shooting pain along her buttocks, mid back pain 2/10, and increased pain with walking, reaching, and extending her arms above the shoulder. The physical examination reported lumbar spine flexion was 80 degrees, extension was 22 degrees and was positive for pain, left rotation was 20 degrees and positive for pain, and right rotation was 21 degrees and positive for pain. Her deep tendon reflexes were 2+/4, straight leg raise was positive on the left for back pain, and kemps test was positive for pain at the lumbosacral joint line. Her treatment plan included Norco 10/325, and the provider recommended quarterly lab monitoring that would include a basic metabolic panel, hepatic function panel, creatine phosphokinase, C-reactive protein, arthritis panel, and a CBC.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CHEM 8 LAB TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations.

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

Decision rationale: The California MTUS guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The documents included reports that the injured worker has been taking NSAID's since at least 03/28/2012. This request far exceeds the recommended 4 to 8 week time period the guidelines recommend after starting therapy. It was unclear when the laboratory monitoring was last performed. As such, the request is not medically necessary.

CPK TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage Determinations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medlineplus, Creatine Phosphokinase Test, Online Database.

Decision rationale: MedlinePlus states that CPK testing is used to determine injury or stress to the muscle tissues in the heart or brain. There is a lack of documentation indicating that the injured worker has had a heart attack or any other injury or stress to the muscle tissues in the heart or brain. The requesting physicians rationale for a CPK test was unclear. Therefore, the request is not medically necessary.

CRP TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage Determinations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medlineplus, C-Reactive Protein, Online Database.

Decision rationale: MedlinePlus states that CRP testing is used to detect inflammation if there is a high suspicion of tissue injury or infection somewhere in the body, but the test cannot tell where the inflammation is or what the cause of it. The documentation provided reports a positive straight leg raise for back pain, and a positive Kemp's test. There is a lack of documentation indicating that the physician had a high suspicion of tissue injury or infection somewhere in the injured workers's body. The requesting physicians rationale for a CRP test was unclear. Therefore, the request is not medically necessary.

AN ARTHRITIS PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage Determinations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medlineplus, Antinuclear Antibody Panel, Online Database.

Decision rationale: MedlinePlus recommends an arthritis panel for those suspected of connective tissue or an auto immune disorder such as arthritis. Arthritic symptoms include joint pain and inflammation or stiffness. The documents provided indicated the injured worker had back pain with slight radiating pain to the buttocks, not joint pain. It was unclear if the injured worker was suspected of having a connective tissue or an auto immune disorder such as arthritis. The requesting physician's rationale for an arthritis panel was unclear. Therefore, the request is not medically necessary.

A HEPATIC PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage Determinations.

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

Decision rationale: The California MTUS guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The documents included reports that the injured worker has been taking NSAID's since at least 03/28/2012. This request far exceeds the recommended 4 to 8 week time period the guidelines recommend after starting therapy. It was unclear when the laboratory monitoring was last performed. As such, the request is not medically necessary.

CBC TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage Determinations.

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

Decision rationale: The California MTUS guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The documents included reports that the injured worker has been taking NSAID's since at least 03/28/2012. This request far exceeds the recommended 4 to 8 week time period the guidelines recommend after starting therapy. It was unclear when the laboratory monitoring was last performed. As such, the request is not medically necessary.

A URINE DRUG TEST: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is also no evidence of opioid use. Therefore, the request is not medically necessary.