

<b>Case Number:</b>	CM13-0062210		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 32 year old male with date of injury 5/12/10. The treating physician report dated 10/24/13 indicates that the patient presents with chronic pain affecting the lumbar spine with posterior right leg pain. The current diagnoses are thoracic sprain, right sacroiliac sprain, thoracolumbar disc injury, thoracolumbar myofascial pain syndrome and right leg radiculopathy. The examination findings include: "Supine straight leg raising was limited to 65/90 degrees on the right. Dural tension was appreciated on the right as well by a positive Braggard's sign. Lumbar extension 0 degrees, clinically consistent with spinal stenosis and lumbar facet hypertrophy." The utilization review report dated 11/26/13 denied the request for outpatient periodic blood work comprehensive blood panel every 4-6 months and a urine drug test 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:

#### **PERIODIC BLOOD WORK COMPREHENSIVE BLOOD PANEL EVERY FOUR (4) TO SIX (6) MONTHS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine with posterior right leg pain. The current request is for periodic blood work comprehensive blood panel every 4-6 months. The treating physician states that the patient is taking Gabapentin 600mg #100, Flexeril 7.5mg #30, Anaprox 550mg #60 and Norco 7.5/325mg #90. The provider states, "Periodic blood work analysis is essential to monitor liver and kidney function in patients with ongoing pharmacological support, hence, a blood work prescription will be given to the patient. Every 4-6 months, he will be given a comprehensive blood panel to monitor hepatic and renal functions." The California MTUS and ODG guidelines do not address comprehensive blood panel testing every 4-6 months. 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 4-6 months would appear excessive. For Gabapentin and opiate, there are no recommendations for routine laboratory testing. For Tylenol, at the current prescribed dose of less than 1000mg/day, there is no known hepatic risk unless the patient drinks alcohol, or has a liver condition. Routine laboratory testing every 4-6 months are excessive. Recommendation is for denial.

**URINE DRUG TEST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013

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

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine with posterior right leg pain. The current request is for a urine drug test. The treating physician states that the patient is taking Gabapentin 600mg #100, Flexeril 7.5mg #30, Anaprox 550mg #60 and Norco 7.5/325mg #90. The patient has been taking Norco for at least 5 months prior to the 10/24/13 treating physician report. The California MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. The review of the reports do not show that there were any other urine toxicology screenings in 2013. Recommendation is for authorization.