

Case Number:	CM13-0068176		
Date Assigned:	01/03/2014	Date of Injury:	06/12/2011
Decision Date:	10/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 & 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:

This patient is a 40-year-old male with a date of injury of 06/12/2011. The listed diagnoses per [REDACTED] are lumbago, lumbar radiculitis/thoracic radiculitis, lumbar region spinal stenosis and lumbar spine herniated nucleus pulposus. According to progress report 11/04/2013, the patient presents with continued low back pain with numbness and tingling. Examination revealed flexion at 100 degrees with severe pain coming back erect. Patient has difficulty with heel-toe walking. Current medication regimen includes: ibuprofen 800 mg, and Lorcet 10/650 mg. This is a request for a lab panel. Utilization review denied the request on 11/23/14. Treatment reports from 06/13/2013 through 11/04/2013 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB PANEL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, and Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Urine Drug Screen.

Decision rationale: This patient presents with chronic low back pain. The request is for lab panel. The requested lab panel is not discussed in any of the reports and a rationale has not been provided. Utilization review states it is unclear from the medical records whether [REDACTED] is requesting a lab panel or urine test. The utilization states "while a urine drug test may be appropriate, clarification from the physician through additional records would be necessary prior to making this determination." The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. ODG guidelines under its pain chapter discusses Urine Drug Screen and states that once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients is recommended. In this case, review of the medical file indicates that the patient has been taking NSAID along with Lorcet which is a compound medication that includes hydrocodone and acetaminophen. Given such, a lab panel or UDS at this time is reasonable. The medical file does not indicate that the patient has had either one in the past. Therefore the request is medically necessary.