

Case Number:	CM14-0001440		
Date Assigned:	04/04/2014	Date of Injury:	08/28/2010
Decision Date:	07/10/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/03/2014

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 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 63-year-old female with an injury reported on 08/28/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/17/2014 reported that the injured worker complained of low back, bilateral shoulders, knees, elbows, and abdominal pain. The clinical note dated 12/13/2013 revealed the injured worker had a postsurgical abdominal wound with serous drainage. The injured worker's diagnoses included adjustment disorder with mixed anxiety and depressed mood; right knee anterior horn tear, medial meniscus; right shoulder partial thickness rotator cuff tear; and thoracic/lumbar spine pain. On 12/16/2013, the provider requested acupuncture, as well as quarterly labs. The provider also requested urine drug test and Soma 350 mg. The treating physician's rationale was not provided in the clinical documentation. The request for authorization was submitted on 01/08/2014. The injured worker's prior treatments included acupuncture therapy. The date and the amount of sessions from the previous acupuncture therapy were not provided in the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENTS, QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture treatment, quantity 12 is non-certified. The injured worker complained of low back, bilateral shoulders, knees, elbows, and abdominal pain. The treating physician's rationale for acupuncture was not provided in the clinical note. The CA MTUS guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There is a lack of clinical evidence indicating the injured worker had a reduction in medication as a result of the acupuncture therapy. There is a lack of clinical notes documenting the injured worker's progression and improvement with acupuncture. As such, the request is not medically necessary.

QUARTERLY LAB, BASIC METABOLIC PANEL (CHEM 8): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: The request for quarterly lab basic metabolic panel (chem 8) is non-certified. The injured worker complained of low back, bilateral shoulders, knees, elbows, and abdominal pain. The treating physician's rationale for the basic metabolic panel lab was not provided. The CA MTUS guidelines 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 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 recommended. There is a lack of clinical information indicating the provider's rationale for the lab request. The requesting provider did not indicate which specific NSAID the injured worker uses for anti-inflammation. There is a lack of clinical information indicating the last test performed with results. The guidelines recommend labs to be drawn within 4 to 8 weeks after beginning medication therapy; however, there is a lack of clinical information indicating the start of the medications. As such, the request is not medically necessary.

QUARTERLY LAB, HEPATIC FUNCTION PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: The request for quarterly labs, hepatic function panel is non-certified. The injured worker complained of low back and shoulder pain. The treating physician's rationale for the hepatic function panel lab was not provided in the clinical notes. The CA MTUS guidelines 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 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 recommended. There was a lack of clinical information indicating the provider's rationale for the lab request. The requesting provider did not indicate which specific NSAID the injured worker uses for anti-inflammation. There is a lack of clinical information indicating the last test performed with results. The guidelines recommend labs to be drawn within 4 to 8 weeks after beginning medication therapy; however, there is a lack of clinical information indicating the start of the medications. As such, the request is not medically necessary.

QUARTERLY LAB, CREATINE PHOSPHOKINASE (CPK): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedlinePlus, Creatine Phosphokinase test, online database <http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>.

Decision rationale: The request for quarterly lab, Creatinine Phosphokinase (CPK) is non-certified. The injured worker complained of low back and shoulder pain. The treating physician's rationale for CPK was not provided in the clinical notes. MedlinePlus states that CPK testing is to determine injury or stress to the muscle tissues in the heart or brain. There is a lack of clinical information indicating the provider's rationale for the lab requested. There is a lack of clinical evidence, to include diagnostic testing indicating the injured worker had injury or stress to smooth muscle tissue. Therefore, the request is not medically necessary.

QUARTERLY LAB, C-REACTIVE PROTEIN (CRP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedlinePlus, C-reactive protein, online database <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>.

Decision rationale: The request for quarterly lab, C-reactive protein (CRP) is non-certified. The injured worker complained of low back and bilateral shoulder pain. The treating physician's rationale for CRP was not provided in the clinical documentation. MedlinePlus states that CRP is a general test to check for inflammation in the body, but it cannot pinpoint the exact location. There was a lack of clinical information indicating the provider's rationale for the lab requested. There is a lack of clinical evidence, to include diagnostic testing, indicating the injured worker had injury or stress to smooth muscle tissue or inflammatory discomfort. As such, the request is not medically necessary.

QUARTERLY LAB, ARTHRITIS PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedlinePlus, C-reactive protein, antinuclear antibody panel, erythrocyte sedimentation rate online database www.medlineplus.com Lab Test Online, Rheumatoid factor, online database www.labtestonline.org.

Decision rationale: The request for quarterly lab, arthritis panel, is non-certified. The injured worker complained of bilateral shoulder and low back pain. The treating physician's rationale for arthritis panel was not provided in the clinical documentation. A group of tests ordered to check for Arthritis. Includes C - reactive protein (CRP), Rheumatoid Arthritis (RA) Factor, Antinuclear Antibody (ANA), Sedimentation Rate, Uric Acid. MedlinePlus states that CRP is a general test to check for inflammation in the body, but it cannot pinpoint the exact location. The antinuclear antibody panel is a blood test may be done if you have unexplained symptoms such as arthritis, rashes, or chest pain. The erythrocyte sedimentation rate (ESR) is a test that indirectly measures how much inflammation is in the body. Lab Test Online states the rheumatoid factor (RF) test is primarily used to help diagnose rheumatoid arthritis (RA) and to help distinguish RA from other forms of arthritis or other conditions that cause similar symptoms. There was a lack of clinical information indicating the provider's rationale for the lab request. There was a lack of clinical evidence to include diagnostic testing indicating the injured worker has a bleeding disorder, autoimmunity, or inflammatory pain. As such, the request is not medically necessary.

QUARTERLY LAB, COMPLETE BLOOD COUNT (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: The request for quarterly lab, complete blood count (CBC) is non-certified. The injured worker complained of low back and bilateral shoulder pain. The treating physician's rationale for a CBC was not provided in the clinical notes. The CA MTUS guidelines 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 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 recommended. There is a lack of clinical information indicating the provider's rationale for the lab requested. The requesting provider did not indicate which specific NSAID the injured worker uses for anti-inflammation. There is a lack of clinical information indicating the last test performed with results. The guidelines recommend labs to be drawn within 4 to 8 weeks after beginning medication therapy; however, there is a lack of clinical information indicating the start of the medications. As such, the request is not medically necessary.

POINT OF CONTACT URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The request for point of contact urine drug test is non-certified. The injured worker complained of bilateral shoulder and low back pain. The treating physician's rationale for urine drug screen was not provided in the clinical notes. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. There is a lack of clinical information indicating the provider's rationale for a urine drug screen. There is a lack of clinical information indicating the injured worker is at risk for medication misuse or displayed aberrant behaviors. Thus, the drug test would be medically unnecessary at this time. Hence, the request is not medically necessary.

SOMA 350MG, QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

Decision rationale: The request for Soma 350 mg quantity 90 is non-certified. The injured worker complained of low back and bilateral shoulder pain. The treating physician's rationale for Soma was not provided in the clinical notes. The CA MTUS guidelines do not recommend Soma. This medication is not indicated for long-term use, and is a commonly prescribed, centrally acting, skeletal muscle relaxant whose primary active metabolite is meprobamate.

Abuse has been noted for sedative and relaxant effects. There is a lack of clinical information provided documenting the efficacy of Soma by decreased pain and significant objective functional improvements. Moreover, there is a lack of clinical documentation that the injured worker has had a urine drug screen to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the frequency of the medication being requested. As such, the request is not medically necessary.