

Case Number:	CM14-0003376		
Date Assigned:	01/31/2014	Date of Injury:	05/01/1997
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 injured worker is a 48 year old female who reported an injury on 05/01/1997 secondary to unknown mechanism of injury. The diagnoses included chronic pain syndrome, sleep disturbance, depression/anxiety, headache, pain in ankle/foot, failed cervical back syndrome and COAT. The injured worker was evaluated on 12/03/2013 for reports of back pain, fatigue and weight gain. The exam noted an unremarkable physical exam, with a depressed affect noted on the psychological exam. The injured worker did report 3/10 pain with medication. The treatment plan included continued medication therapy and lab testing. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC WITH DIFF (COMPLETE BLOOD COUNT WITH DIFFERENTIAL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for CBC with diff (complete blood count with differential) is not medically necessary. The California MTUS Guidelines state that 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 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. However, there is no indication of the reasoning for the test and the injured worker is not currently prescribed NSAIDs to justify the need for a current CBC to be performed. In addition, there is a lack of documentation regarding the date of service and results of prior lab blood work. Therefore, based on the documentation provided, the request is not medically necessary.

ACETAMINOPHEN LEVEL TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for acetaminophen level test is non-certified. The California MTUS Guidelines recommend monitoring patients for aberrant drug taking behaviors with drug screens. However, there is no indication in the documentation received of a history or risk of aberrant drug-taking behaviors by this injured worker. In addition, there is a lack of documentation regarding the date of service and results of prior lab blood work. Therefore, based on the documentation provided, the Acetaminophen Level Test is not medically necessary and appropriate.

FENTANYL SERUM TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The request for fentanyl serum test is not medically necessary. The California MTUS Guidelines recommend monitoring patients for aberrant drug taking behaviors with drug screens. However, there is no indication in the documentation received of a history or risk of aberrant drug-taking behaviors by this injured worker. In addition, there is a lack of documentation regarding the date of service and results of prior lab blood work. Therefore, based on the documentation provided, the request is not medically necessary.

EIA-9 DRUG SCREEN TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.questdiagnostics.com/testcenter/BUOorderInfo.action>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for EIA-9 drug screen test is not medically necessary. The California MTUS Guidelines recommend monitoring patients for aberrant drug taking behaviors with drug screens. However, there is no indication in the documentation received of a history or risk of aberrant drug-taking behaviors by this injured worker. Therefore, based on the documentation provided, the request is not medically necessary.