MAXIMUS Federal Services

Case Number:	CM14-0003792		
Date Assigned:	02/03/2014	Date of Injury:	09/22/2010
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 46-year-old female with a reported date of injury on 09/22/2010. The mechanism of injury was a repetitive motion injury. The progress note dated 11/13/2013 listed the injured workers medications as Meloxicam, Pantoprazole, Aspirin, Ferrous Sulfate, Lovastatin, and Tylenol. A urine drug screen dated 12/11/2013 was negative. The progress note dated 12/16/2013 reported the injured worker complained of consistent right shoulder pain which radiated down to the right elbow and wrist. A progress note dated 12/23/2013 listed the diagnoses as status post arthroscopy of the right shoulder x2, 12/09/2010 and 03/20/2012, myofascial sprain/strain of the cervical spine with right upper extremity radiculopathy concomitant with disc protrusion of the C5-C6 and C6-C7 disc, right elbow cubital tunnel syndrome, myofascial sprain/strain of the thoracic spine with chronic myofascitis of the paravertebral musculature, right wrist probable ulnar nerve entrapments at the tunnel of Guyon, right shoulder impingement syndrome, hypertension secondary to industrial injury, and diabetes. The request of authorization form was not submitted with the medical records. The request is for labs, urine toxicology screen, AccuCheck blood glucose testing, and 2D echo with Doppler.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://labtestsonline.org/map/aindex#a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECTS, Page(s): 70. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, routine monitoring is suggested for the use of non-steroidal anti-inflammatory drugs (NSAIDs) recommending periodic lab monitoring of a complete blood count (CBC), 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 treating lab test after this treatment duration has not been established. The provider noted the injured worker was awaiting authorization for a right shoulder and elbow surgery. The documentation provided and the submitted request does not detail the specific labs that are being requested. The requesting physician's rationale for the request is unclear. Due to the lack of documentation, the request is non-certified.

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN, URINE DRUG TESTING

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN, URINE DRUG TESTING

Decision rationale: The injured worker underwent a urine drug screen in 12/2013 which was congruent with the injured workers prescribed medication regimen. The California Chronic Pain Medical Treatment guidelines recommend urine drug screening as an option to assess for the use or the presence of illegal drugs. According to the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The injured worker has no history of prior drug abuse or suspicion of such. The injured worker was not previously prescribed medications which would necessitate a toxicology drug screen. Additionally, the frequency of the urine drug screen would not be within the guideline recommendations. Therefore, the request is non-certified.

ACCU CHECK BLOOD GLUCOSE TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nchi.nlm.nih.gov/pubmedhealth/PMH0010395.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) DIABETES, GLUCOSE MONITORING.

Decision rationale: The injured worker was diagnosed with pre-diabetes in 2011 and began to monitor her blood glucose levels with an ultra 2 device and control her diet and exercise. The Official Disability Guidelines (ODG) recommends self-monitoring of blood glucose for people with type I diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring. The current glucose monitoring strategies can be classified into 2 categories; patient self-monitoring, which would allow patient to change behavior (diet or exercise) or medication does (most often insulin), or long term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months. Accu-check is a brand of monitor including strips and lancets as well as many different types of monitors. The request for accu-check blood glucose testing does not indicate how often it is to be used and if this is for home use or testing. Therefore, the request is non-certified.

2D ECHO WITH DOPPLER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nchi.nlm.nih.gov/pubmedhealth/PMH0004320/echocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDLINE PLUS, ECHOCARDIOGRAM, ONLINE DATABASE.

Decision rationale: The injured worker does experience chest pain and palpitations, but denies any history of syncope, malignant arrhythmias, coronary artery disease, heart attack, or heart murmur. Medline Plus recommends the test is used to detect abnormal heart valves, abnormal heart rhythms, congenital heart disease, damage to the heart muscle from a heart attack, heart murmurs, inflammation (pericarditis), infection on or around the heart valves, pulmonary hypertension, ability of the heart to pump (for people with heart failure), and a source of a blood clot after a stroke or transient ischemic attack (TIA). The injured worker does complain of chest pain and palpitations but has no history to warrant this test. It was unclear if the injured worker had any significant symptomatology which would indicate the injured workers need for the 2D echo with Doppler. Therefore, the request is non-certified.