

<b>Case Number:</b>	CM14-0004141		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 43-year-old female who has submitted a claim for traumatic brain injury, epilepsy, carotid stenosis, chronic low back pain, neck pain, osteopenia, thoracic outlet syndrome, generalized anxiety disorder, and depression associated with an industrial injury date of 08/21/2001. Medical records from 2009 to 2013 were reviewed. Patient had episodes of sensory changes on the left side of face, and right arm. She had weakness of the right hand leading to difficulty writing. The last seizure episode was not documented. Physical examination showed that the patient was chronically ill appearing. Blood pressure was 106/65 mmHg with a heart rate of 72 beats per minute, regular. Pupils were unequally reactive to light; accommodation at 3 mm on the right, and 4 mm on the left. Ptosis was present at left. Carotid pulses were decreased. There was no bruit. Muscle spasm and tenderness were present at paraspinal muscles. Muscle bulk was reduced on the right arm and left calf. Tinel's sign was present over the superficial nerves of the arms and legs. Hyporeflexia was noted at the left knee, and absent at the right ankle. Graphesthesia was 2/3 on the right, and 3/3 on the left. Treatment to date has included Cymbalta, VPA ER, Vicodin, and Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LAB WORK: HEPATIC FUNCTIONAL PANEL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333 (HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL)

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for a hepatic panel is to monitor possible adverse effects associated with long-term use of medications. Therefore, the request for 1 LAB WORK: HEPATIC FUNCTIONAL PANEL is medically necessary.

**BASIC METABOLIC PANEL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333 (HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL)

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is

widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for a metabolic panel is to monitor possible adverse effects associated with long-term use of medications. Therefore, the request for basic metabolic panel is medically necessary.

**LIPID PANEL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333 ([HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL](http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full))

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for a lipid panel is to monitor possible adverse effects associated with long-term use of medications. Therefore, the request for lipid panel is medically necessary.

**CBC (COMPLETE BLOOD COUNT):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC

MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL  
INTERNAL MEDICINE 2005 VOLUME 20, 331-333  
([HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL](http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full))

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for a CBC is to monitor possible adverse effects associated with long-term use of medications. Therefore, the request for complete blood count (CBC) is medically necessary.

**RHEUMATOID FACTOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333  
([HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL](http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full))

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for rheumatoid factor is to monitor possible adverse effects associated with long-term

use of medications. However, there is no indication that rheumatoid arthritis is suspected. Therefore, the request for rheumatoid factor is not medically necessary.

**(RPR) RAPID PLASMA REAGIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333  
([HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL](http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full))

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for RPR is to monitor possible adverse effects associated with long-term use of medications. However, syphilis is not associated with long-term medication intake. There is no clear clinical suspicion for syphilis. Therefore, the request for rapid plasma reagin (RPR) is not medically necessary.

**SED (SEDIMENTATION) RATE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333  
([HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL](http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full))

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for SED is to monitor possible adverse effects associated with long-term use of medications. Therefore, the request for sedimentation rate (SED) is medically necessary.

**(TSH) THYROID STIMULATING HORMONE WITH FREE REFLEX:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333  
([HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL](http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full))

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for TSH is to monitor possible adverse effects associated with long-term use of medications. Therefore, the request for (TSH) THYROID STIMULATING HORMONE WITH FREE REFLEX is medically necessary.

**FREE T4 (THYROXINE):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333 (HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL)

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for thyroxine is to monitor possible adverse effects associated with long-term use of medications. Therefore, the request for free T4 (thyroxine) is medically necessary.

**VITAMIN D PANEL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN SECTION, VITAMIN D

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, ODG, Pain Section, was used instead. It states that musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and /or confounding factors. In this case, patient has chronic pain syndrome of the cervical and lumbar spine. A DEXA study, dated 05/02/2008, revealed moderate osteopenia in the lumbar spine and in both hips. Patient likewise has multiple conditions such as epilepsy, traumatic brain injury, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for vitamin D panel is to monitor possible adverse effects associated with long-term use of medications. Vitamin D

deficiency likewise should be ruled out since there is prior imaging finding of osteopenia. The medical necessity has been established. Therefore, the request for vitamin D panel is medically necessary.

**VITAMIN B12 PANEL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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: LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS, JOURNAL OF GENERAL INTERNAL MEDICINE 2005 VOLUME 20, 331-333 (HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1111/J.1525-1497.2005.40182.X/FULL)

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has multiple conditions such as epilepsy, traumatic brain injury, chronic pain, anxiety, depression, etc. She was prescribed with Cymbalta, valproic acid, Vicodin, and Valium since 2008. The documented rationale for vitamin B12 panel is to monitor possible adverse effects associated with long-term use of medications. Therefore, the request for vitamin B12 panel is medically necessary.