

Case Number:	CM14-0004188		
Date Assigned:	02/03/2014	Date of Injury:	12/13/2007
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	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 Occupational Medicine, 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 41-year-old female who has submitted a claim for chronic pain syndrome associated with an industrial injury date of December 13, 2007. The patient complains of pain in the midback, lower back and gluteal area radiating to the left. Pain score with and without medications was 6/10. She has been on chronic pain medication. Physical examination showed tenderness and active trigger points at the left lumbar area. Range of motion of the cervical spine was painful. Facet loading test was positive. The diagnoses include chronic pain due to trauma, low back pain, sacroiliitis, facet arthropathy, and depression. The patient is on several pain medications including opioids. The current treatment plan requests for a urine drug test, CBC and chem 19 panel. These has been requested since June 15, 2013 and were recommended to be done twice a year. Treatment to date has included oral analgesics, muscle relaxants, cervical facet joint injections, sacroiliac joint injection, and trigger point injections. Utilization review from December 16, 2013 denied the requests for urine drug test because there was no documentation of aberrant behavior; CBC and Chem 19 Panel because the patient had no intake of any medication for which the laboratory testing was required.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL QUANTITY: 1.00:

Overtuned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>

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. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, patient is currently on multiple medications that have effects on certain organs, especially the liver and kidneys. A blood test at this time is a reasonable option to provide information regarding the patient's organ functions. Therefore, the request for COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL QUANTITY: 1.00 is medically necessary at this time.

URINE DRUG SCREEN (UDS) QUANTITY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, abuse, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In this case, the patient has been on chronic opioid intake dating as far back as 2008. Recent urine drug screens from 10/29/2013 and 01/03/2014 revealed consistent results with the prescribed medications. There is no indication for a repeat urine drug screen at this time. No aberrant drug behavior was noted. Therefore, the request for URINE DRUG SCREEN (UDS) QUANTITY: 1.00 is not medically necessary.  

CHEM 19: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X 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. In this case, the patient has been on chronic pain medications including opioids and NSAIDs dating as far back as 2008. Periodic laboratory monitoring is warranted in order to monitor proper metabolism and excretion of the medications. However, the timeline of previous CHEM 19 tests was not documented. It is unclear how frequent previous CHEM 19 studies were obtained and what the results were. With a 2007 DOI, repeat CHEM 19 studies may be appropriate, but absent consistent timelines, medical necessity is not established. Therefore, the request for CHEM 19 is not medically necessary.