

Case Number:	CM14-0008803		
Date Assigned:	02/12/2014	Date of Injury:	11/20/2012
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/22/2014

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 represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of November 20, 2012. Thus far, the patient has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy over the life of the claim; topical Lidoderm patches; and reported return to part-time modified work. In a Utilization Review Report dated January 17, 2014, the claims administrator denied a request for a urine drug screen, "laboratory works," and a complete blood count while approving a comprehensive metabolic panel. The patient's attorney subsequently appealed. A December 17, 2013 progress note is notable for comments that the patient reported persistent complaints of right shoulder, right arm, and right elbow pain. The patient is having financial constraints. The patient is only working part-time, 15 hours a week. The patient is apparently on Motrin and Zanaflex, the former of which was generating some dyspepsia. Urine drug testing, lab work, comprehensive metabolic panel, and CBC were reportedly performed. Additional physical therapy was sought. A 15-pound lifting limitation was endorsed. The urine drug testing collected on December 17, 2013 was reviewed. It was stated that the patient was using Motrin and tizanidine on that day. The drug testing involved testing for approximately five to six different opioid metabolites, benzodiazepines, phenothiazines, and Ambien. The drug testing was negative for all items of the panel. The attending provider did not state how the drug test results influenced the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 77-80,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing topic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Drug Testing

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, it is recommended that treating providers conform to the best practices of the United States Department of Transportation (DOT) representing the most legally defensible means of performing drug testing. In this case, however, the drug testing performed on December 17, 2013 did include nonstandard testing for various opioid, benzodiazepine, and phenothiazine metabolites. This does not conform to the best practices of the Department of Transportation. The attending provider did not, furthermore, state when the last time the patient was tested, nor did the attending provider make any attempt to classify or categorize the patient into a high-risk, intermediate-risk, and/or low-risk individual for whom more or less frequent drug testing would have been indicated. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request was not medically necessary.

LABORATORY WORKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The request is imprecise. It is unclear precisely what form of laboratory testing is being sought and/or why. While the MTUS Guideline in ACOEM Chapter 9, page 208, for example, does state that laboratory studies such as liver function testing, testing for gallbladder function, and testing for pelvic disease may be useful to determine if a patient's shoulder pain is being referred from a sub-diaphragmatic source, in this case, however, it is not clear precisely what laboratory testing is being sought and/or for what purpose. It is not clear what precisely the attending provider is requesting and/or is searching for. Therefore, the request is not 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 <http://www.ncbi.nlm.nih.gov/pubmed>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 70

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in patients using NSAIDs include periodic testing of CBC and chemistry profile to include renal and hepatic function testing. In this case, the patient is in fact using at least one NSAID, Motrin, chronically. Intermittent assessment of the patient's hematologic function via a CBC or complete blood count is indicated and appropriate. Therefore, the request is medically necessary.