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| <b>Case Number:</b>   | CM14-0108079 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 05/15/2012 |
| <b>Decision Date:</b> | 10/31/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2014 |

### 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, has a subspecialty in 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 42-year-old female who reported an injury after slipping on a wet floor and falling backwards on 05/15/2012. On 05/20/2014, her diagnoses included normal EMG/NCV of the bilateral lower extremities, lumbar spine spondylosis with degenerative disc disease and spondylosis of L5-S1, and lumbago. Her complaints included low back pain rated 6/10. She had full range of motion of the lumbar spine with pain noted with extension or flexion. The rationale for the requested laboratory tests was to safely assess her intake of medication, which comes with contraindications, adverse events, and interactions. The rationale for the urine drug screen was to monitor compliance with a pharmacological regimen, as well as identify any possible drug interactions related to multiple prescribing physicians. Her medication included naproxen 550 mg, tramadol 50 mg, and omeprazole 20 mg. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quarterly lab panels to include: basic metabolic panel, chem-8, hepatic function panel, creatinine phosphokinase, C-reactive protein, arthritis panel and a complete blood count:**  
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 Other Medical Treatment Guideline or Medical Evidence: labtestsonline.org.

**Decision rationale:** The request for decision for quarterly lab panels to include basic metabolic panel, chem 8, hepatic function panel, creatinine phosphokinase, C reactive protein, arthritis panel, and a complete blood count is not medically necessary. Per labtestsonline.org, clinical laboratory tests are used in medical care for screening, diagnosis, and/or management of various medical conditions. A creatinine kinase (CK or CPK) test may be used to detect inflammation of muscles (myositis) or serious muscle damage and/or to diagnosis rhabdomyolysis if a person has signs and symptoms such as muscle weakness, muscle aches, and dark urine. There was no indication that this injured worker had any of the above clinical signs warranting a creatinine kinase blood test. A C-reactive protein test is a nonspecific test. It is used to detect inflammation if there is a high suspicion of tissue injury or infection somewhere in the body, but the test cannot tell where the inflammation is or what condition is causing it. CRP is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition. There was no evidence in the submitted documentation that there was suspicion of this worker having any type of inflammatory process. The clinical information submitted failed to meet the evidence based guidelines for various laboratory tests. Therefore, this request for quarterly lab panels to include quarterly lab panels to include basic metabolic panel, chem 8, hepatic function panel, creatinine phosphokinase, C reactive protein, arthritis panel, and a complete blood count is not medically necessary.

**3 month urine point of care (POC) drug analysis:** 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 3 month urine point of care drug analysis is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that this injured worker had any aberrant drug related behaviors. Therefore, this request for 3 month urine point of care drug analysis is not medically necessary.