

Case Number:	CM14-0013108		
Date Assigned:	02/24/2014	Date of Injury:	02/02/2009
Decision Date:	04/23/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation, 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 28-year-old with date of injury of February 2, 2009. The listed diagnoses per [REDACTED] dated July 5, 2013 are: 1. Chronic pain due to trauma 2. Knee pain 3. Post traumatic stress disorder 4. Depression 5. Spondylosis, lumbar without myelopathy 6. DDD cervical 7. Ankle pain 8. Radiculopathy thoracic or lumbosacral 9. Facet arthropathy 10. Headache 11. DDD lumbar 12. Neck pain 13. Carpal Tunnel Syndrome 14. RSD lower extremity According to the progress report by [REDACTED] dated July 5, 2013, the patient complains of severe low back pain radiating to the left ankle, right arm, left foot, right thigh, and head. He describes the pain as achy, burning, numb, piercing, sharp, shooting, stabbing, and throbbing. The physical examination shows range of motion of the lumbar spine is moderately restricted due to pain. Straight leg raise produces pain radiating to the right. The right hip, right knee, right ankle, and foot strength are all decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS- BACLOFEN SERUM, GGTP, ALPRAZOLAM SERUM, UA COMPLETE, CBC WITH DIFF, ACETAMINOPHEN SERUM, FREE TESTOSTERONE, CHEM 19, OXYCODONE SERUM, EIA 9, AND TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Screening for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), Hyper.

Decision rationale: This patient presents with severe low back pain radiating to the left ankle, right arm, left foot, right thigh, and head. The treater is requesting the following labs: - Baclofen Serum - GGTP - Alprazolam Serum - UA Complete - CBC with Diff, - Acetaminophen Serum - Free Testosterone, - CHEM 19 - Oxycodone Serum - EIA 9 - TSH The utilization review dated January 23, 2014, denied the request stating that, "the documentation identifies the patient previously underwent a urine drug screen on December 5, 2013. It is unclear why all these additional labs are being requested, and the treating provider does not offer a rationale." The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC (complete blood count) testings. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." The MTUS Guidelines states monitoring of CBC is recommended when patient is taking NSAIDs. It goes on to state, "there has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab test after this treatment duration has not been established." This patient has been taking Naproxen since 2012. Other than the CBC with differential and GGTP lab tests, there is no other justification provided by the requesting physician to warrant the other labs. The request for labwork: Baclofen serum, GGTP, Alprazolam Serum, UA complete, CBC with diff, Acetaminophen Serum, free testosterone, Chem 19, Oxycodone Serum, EIA 9, and TSH is not medically necessary or appropriate.