

<b>Case Number:</b>	CM14-0013836		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of chiropractic manipulative therapy; and muscle relaxants. In a Utilization Review Report dated January 22, 2014, the claims administrator denied a request for liver function testing, a complete blood count, renal function testing, and a urinalysis. Overall rationale was extremely sparse. The claims administrator simply cited a variety of non-MTUS guidelines from various sources, including Wheelless's Textbook of Orthopaedics and stated that the applicant had not met cited guidelines. In a progress note dated December 3, 2012, it was suggested that the applicant had not worked since June 2012. It was stated that the applicant was currently receiving indemnity benefits. A urine drug testing of January 25, 2014 did include testing for multiple different antidepressant metabolites, barbiturate metabolites, benzodiazepine metabolites, and opioid metabolites. It appears that confirmatory testing and quantitative testing were performed. Testing was positive for opioids, it appeared, although the attending provider did not seemingly discuss the test results. In a January 9, 2014 progress note, the applicant was placed off of work, on total temporary disability. Laboratory workup to include renal functional testing, hepatic function testing, a complete blood count, and urinalysis was sought. It was again reiterated that the applicant remained off of work. The applicant did have a history of hypertension, it was stated. The applicant was using Norco, Xanax, Flexeril, and oxycodone. The attending provider stated that the applicant had been using these medications for years and that he wished to obtain laboratory testing to rule out any nephrotoxicity or hepatotoxicity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LIVER PANEL TEST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines, Guideline.gov.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic renal function testing, hepatic function testing, and hematologic function testing (CBC testing) are indicated in applicants using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is seemingly using a variety of opioids and Tylenol-containing medications, including Norco, chronically. Obtaining liver function testing to ensure that the applicant's present levels of hepatic function are compatible with prescribed medications is indicated, by analogy. Therefore, the request is medically necessary.

### **COMPLETE BLOOD COUNT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines, wheelessonline.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic renal function testing, hepatic function testing, and CBC testing are indicated in applicants using NSAIDs. In this case, while the applicant does not appear to be using NSAIDs, the applicant is using Tylenol-containing agents chronically, including Norco. The applicant is also using psychotropic medications. The attending provider has voiced some concern about possible nephrotoxicity and/or hepatotoxicity. By implication, then, the complete blood count at issue is indicated to ensure that the applicant's present levels of hematologic function are compatible with prescribed medications. Therefore, the request is medically necessary.

### **KIDNEY PANEL TEST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic renal function testing, hepatic function testing, and CBC testing are indicated in applicants using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is using several opioid agents, psychotropic agents, and Tylenol-containing medications. By implication, obtaining renal function testing to ensure that the applicant's present levels of renal function are compatible with prescribed medications is indicated. Therefore, the request is medically necessary.

**URINANALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**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 identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should state when the last time an applicant was tested, attach an applicant's complete medication list to the request for authorization for testing, furnish a list of those drug tests and drug panels he intends to test for and why. The ODG notes that confirmatory testing and/or quantitative testing are typically not recommended without some explanation of medical necessity, outside of the emergency department drug overdose context. In this case, the attending provider did perform nonstandard quantitative testing and nonstandard confirmatory testing, despite the fact that the applicant's drug panel was negative for the bulk of the substances in question. No rationale for the nonstandard testing was provided. Therefore, the request was not medically necessary.