MAXIMUS Federal Services

| Case Number: | CM14-0018230 | | |
|---|---|---|---|
| Date Assigned: | 04/16/2014 | Date of Injury: | 01/20/2004 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

## 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 Family Practice and is licensed to practice in Texas. 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 49 year old male who reported a low back injury on 01/20/2004; the mechanism of injury was not provided within the medical records. The clinical note dated 01/31/2014 noted the injured workers medication regimen included Ambien 10mg, Motrin 800mg, and Norco 10/325. The clinical notes indicated that there were no adverse effects to the gastrointestinal system, the patient was negative for heat and cold intolerance, the patient reported pain to the lower back, and dermatologic findings were unremarkable. The request for authorization was not contained within the submitted documentation. Diagnosis listed includes facet arthropathy, low back pain, chronic pain due to trauma, myalgia, lumbar radiculopathy, and degenerative disc disease.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TWO (2) URINALYSES:** Upheld

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

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

**Decision rationale:** The California MTUS recommends drug screening during ongoing opioid therapy to confirm there is not misuse. The documentation submitted shows there is history of

compliance and there is not a need to increase the scheduled drug screening to more than twice a year. Within the provided documentation it appeared the injured workers last urine drug screen was performed on 11/25/2013 which was consistent with the prescribed medication regimen. Medical records did not indicate that the patient was at risk for medication misuse or displayed any aberrant behaviors; therefore, the frequency of the urine drug screen would not be congruent with the guideline recommendations. The request for two urinalyses is not medically necessary and appropriate.

**TWO (2) COMPLETE BLOOD COUNT:** 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 NSAIDs Page(s): 70.

**Decision rationale:** The California MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) while taking NSAIDs. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, tt was unclear when the injured worker last underwent laboratory monitoring, including a complete blood count. Therefore, it was unclear if the frequency of the laboratory monitoring would be excessive. The submitted request for two tests to be performed would exceed the guideline recommendations. The request for two complete blood count is not medically necessary and appropriate.

**TWO (2) THYROID STIMULATING HORMONE LEVEL TESTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HTTP://WWW.GUIDELINES.GOV/CONTENT.ASPX?ID=38907&SEARCH=THYROID+FUNCTION THYROID FUNCTION TESTS: DIAGNOSIS AND MONITORING OF THYROID FUNCTION DISORDERS IN ADULTS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, ANTI-EPILEPSY DRUGS (AEDS) FOR PAIN.

**Decision rationale:** The Official Disability Guidelines only recommend a thyroid stimulating hormone test in the initial phase of Carbamazepine therapy. The clinical notes did not specify the medical need for the laboratory monitoring nor was there an indication of a metabolic disorder. Additionally, there has been no documented use of Carbamazepine in the submitted documentation. The request for two thyroid stimulating hormone level test is not medically necessary and appropriate.