

Case Number:	CM14-0111705		
Date Assigned:	08/01/2014	Date of Injury:	02/24/2014
Decision Date:	09/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 49-year-old male who reported a slip, twist, and fall while running after a cow trying to maneuver the cow into a corral on 02/24/2014. On 06/24/2014, his diagnoses included status post arthroscopy for internal derangement of the left knee on 06/06/2014, partial tear of the anterior/inferior talofibular ligament per MRI on 03/17/2014, and partial tear of the plantaris on the left per MRI of 03/31/2014. His treatment plan included a request for initial quarterly lab panels consisting of a basic metabolic panel, chem. 8, hepatic function panel, creatine phosphokinase, C-reactive protein, arthritis panel, and a CBC. This was being done in order to safely assess the injured worker's intake of medications, which come with contraindications, adverse events, and interactions. The point of contact urine test was also included in the treatment plan stating this urinalysis was being done to test the patient for medications in his system, to monitor compliance with his pharmacological regimen, as well as identify any possible drug interactions related to multiple prescribing physicians. The only medication listed for this injured worker was hydrocodone/acetaminophen 5/325 mg. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) laboratory panel to include creatine phosphokinase (CPK): Upheld

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

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 prospective request for 1 laboratory panel to include creatine phosphokinase (CPK) is not medically necessary. Per Labtestsonline.org, the creatine phosphokinase test may be used to detect inflammation of muscles (myositis) or serious muscle damage and/or to diagnose rhabdomyolysis if a person has signs and symptoms, such as muscle weakness, muscle aches, and dark urine. A person may have muscle injury with few or nonspecific symptoms, such as weakness, fever and nausea, that may also be seen with a variety of other conditions. A physician may use a CK test to help detect muscle damage in cases, especially if someone is taking a drug such as a statin, using ethanol or cocaine, or has been exposed to a known toxin that is linked with potential muscle damage. This injured worker has none of the above conditions or symptoms and is not in a risk category that would justify the use of this test. The need for a CPK test was not clearly demonstrated in the submitted documentation. Therefore, this request for prospective request for 1 laboratory panel to include creatine phosphokinase (CPK) is not medically necessary.

(1) laboratory panel to include C-reactive protein (CRP): Upheld

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

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 prospective request for 1 laboratory panel to include C-reactive protein (CRP) is not medically necessary. Per labtestsonline.org, the C-reactive protein is a nonspecific test to detect inflammation if there is 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 other signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition. For example, a CRP may be used to detect or monitor significant inflammation in an individual who is suspected of having an acute condition such as a serious bacterial infection like sepsis or a fungal infection. There is no indication from the submitted documentation that this injured worker has a chronic or acute bacterial or fungal infection. The need for a C-reactive protein test has not been clearly demonstrated in the submitted documentation. Therefore, this request for prospective request for 1 laboratory panel to include C-reactive protein (CRP) is not medically necessary.

(1) laboratory panel to include arthritis panel: Upheld

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

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 prospective request for 1 laboratory panel to include arthritis panel is not medically necessary. Per Labtestsonline.org, the goals of arthritis testing are to be able to distinguish osteoarthritis from other forms of arthritis including rheumatoid and septic, causes of joint pain and stiffness, and to monitor the side effects of various treatments. There is no specific laboratory test to diagnose osteoarthritis. It is diagnosed using someone's personal and family medical histories, a physical exam, x-rays, and in some cases with an examination of synovial fluid from an affected joint. The need for an arthritis panel is not clearly demonstrated in the submitted documentation. Additionally, there was no differentiation in the request between osteoarthritis, rheumatoid arthritis, and septic arthritis. Therefore, this request for prospective request for 1 laboratory panel to include arthritis panel is not medically necessary.

. (1) point of care (POC) urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test; Urinalysis (opiate screening); Cautionary red flags for patients that may potentially abuse opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for prospective request for 1 point of care urine drug test is not medically necessary. California MTUS Guidelines indicate that the use of a urine drug screen 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 prospective request for 1 point of care urine drug test is not medically necessary.