

Case Number:	CM14-0157066		
Date Assigned:	10/28/2014	Date of Injury:	08/11/2003
Decision Date:	12/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year-old male with the date of injury of 08/11/2003. The patient presents with pain in his neck and lower back. The patient describes his pain as sharp, stabbing, moderate to severe with profound limitations. The patient experiences severe depression from chronic pain, which interferes his daily or social activities. The patient is currently taking Metformin, Ultram, Ambien, Anaprox-DS, and Prilosec. MRI reveals 1) 4mm focal right-sided disc herniation at C6-7 with right C7 nerve root impingement 2) straightening of the normal lordotic curvature which may be from muscular spasm 3) Rotator cuff tendinosis especially of the supraspinatus at its insertion under the greater tuberosity. Full thickness tear is not identified. The patient remains off work. According to [REDACTED] report on 08/22/2014, diagnostic impressions are;1) Post laminectomy cervical2) Cervical radiculopathy3) Impingement syndrome4) Adhesive capsulitis of shoulder5) PN (peripheral neuropathy) carpal tunnel syndromeThe utilization review determination being challenged is dated on 09/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/05/2014 to 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis with reflex to micro: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient presents with pain and weakness in his neck and lower back. The request is for Urinalysis with reflex to micro. The patient is taking opiates, specifically Ultram. MTUS guidelines recommend urinalysis as an option to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the reviews of the reports do not show evidence of recent or frequent urine drug screens. Given the patient's opiate intake, urinalysis would appear reasonable. Request is medically necessary.

Comprehensive metabolic panel (CMP): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: Medline Plus (<http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm>)

Decision rationale: The patient presents with pain and weakness in his neck and lower back. The request is for Comprehensive metabolic panel (CMP). MTUS guidelines do not discuss Comprehensive Metabolic Panel (CMP). Medline Plus ([w.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)) states, "A comprehensive metabolic panel is a group of blood tests. They provide an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy." It is obtained to check kidney/liver function, blood sugar, cholesterol levels, electrolytes and protein levels. In this case, none of the reports indicate why the treater wants CMP or any evidence of organic illness. Chronic pain patients do not require routine labs unless there is a specific reason for it such as medication management, rheumatologic or other health issue work-up, pre-operative evaluation, etc. This patient is on a number of different medications including diabetic medication for which CMP may be indicated, however. Reports do not show that there was a recent or prior CMP lab. Request is medically necessary.