

<b>Case Number:</b>	CM14-0158288		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/01/1997
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Emergency 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 injured worker is a 48 year-old female, who sustained an injury on May 1, 1997. The mechanism of injury occurred from cumulative trauma. Diagnostics have included: urine drug screens reported as consistent. Treatments have included: cervical fusions, medications, physical therapy, epidural steroid injections. The current diagnoses are: lumbar disc displacement without myelopathy, long-term use of medications, neck pain, multiple joint pain, cervical disc disease, depressive disorder, anxiety, cervical radiculopathy. The stated purpose of the request for Acetaminophen, Fentanyl & NorFentanyl, Hydrocodone & Metabolite Serum, was not noted. The request for Acetaminophen, Fentanyl & NorFentanyl, Hydrocodone & Metabolite Serum, was denied on September 10, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Labs-CBC (includes Diff/PLT), Chem 19, TSH, E1A9 w/alcohol + RFLX Urine, was not noted. The request for Labs-CBC (includes Diff/PLT), Chem 19, TSH, E1A9 w/alcohol + RFLX Urine, was denied on September 10, 2014, citing a lack of documentation of medical necessity. Per the report dated August 21, 2014, the treating physician noted complaints of neck pain, low back pain and headaches, and radiating pain to the arms, thighs and feet. Exam findings included mild lumbar range of motion restriction, decreased sensation to the right medial calf.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen, Fentanyl & NorFentanyl, Hydrocodone & Metabolite Serum:** 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 Guidelines, , "Drug testing" Page(s): Page 43.

**Decision rationale:** The requested Acetaminophen, Fentanyl & NorFentanyl, Hydrocodone & Metabolite Serum, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has neck pain, low back pain and headaches, and radiating pain to the arms, thighs and feet. The treating physician has documented mild lumbar range of motion restriction, decreased sensation to the right medial calf. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Acetaminophen, Fentanyl & NorFentanyl, Hydrocodone & Metabolite Serum is not medically necessary.

**Labs-CBC (includes Diff/PLT), Chem 19, TSH, E1A9 w/alcohol + RFLX Urine:** 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, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The requested Labs-CBC (includes Diff/PLT), Chem 19, TSH, E1A9 w/alcohol + RFLX Urine, is not medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). 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." The injured worker has neck pain, low back pain and headaches, and radiating pain to the arms, thighs and feet. The treating physician has documented mild lumbar range of motion restriction, decreased sensation to the right medial calf. The treating physician has not documented the medical necessity for the additional lab tests. The criteria noted above not having been met, Labs-CBC (includes Diff/PLT), Chem 19, TSH, E1A9 w/alcohol + RFLX Urine, is not medically necessary.

