

<b>Case Number:</b>	CM14-0174204		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/13/2004
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 59-year-old woman with a date of injury of 08/13/2004. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 08/12/2014, 09/05/2014, and 11/03/2014 indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. Documented examinations consistently described tenderness in the muscles along the back and decreased movement in the back joints. The submitted and reviewed documentation concluded the worker was suffering from chronic pain due to trauma, cervical disk disorder with radiculopathy, failed back syndrome of the upper spine, cervical stenosis, and cervical spondylosis. Treatment recommendations included oral pain medication and urinary drug toxicology testing on 08/11/2014. The urinary drug testing demonstrated the presence of medications in the opioid and tricyclic antidepressant classes. The submitted and reviewed medical records documented opioid medications as prescribed but did not note the prescription of tricyclic antidepressant medication; this was not discussed in the reviewed records. A Utilization Review decision by [REDACTED] was rendered on 10/09/2014 recommending non-certification for laboratory testing including Gabapentin; Morphine-serum "Valencia"; Acetaminophen; Serum Hydrocodone and Metabolite; CBC including differentiation and platelets; chemistry-19 panel; urinary testing with the EIA9 panel, alcohol, and with reflex confirmation; TSH; complete urinalysis; and serum/plasma Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab: Gabapentin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Therapeutic drug monitoring. Quest Diagnostics, accessed 11/25/2014  
[http://www.questdiagnostics.com/testcenter/testguide.action?dc=WP\\_DrugHalfLife&tabview=true](http://www.questdiagnostics.com/testcenter/testguide.action?dc=WP_DrugHalfLife&tabview=true). Gabapentin: Drug information, Topic 8483, version 142.0, Up-to-date, accessed 11/25/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Gabapentin is a medication in the antiepilepsy drug class. It can be used in the treatment of partial seizures along with additional seizure medications. There is also some literature to support the use of Gabapentin in the treatment of Neuropathic Pain, Restless Leg Syndrome, and Fibromyalgia. Monitoring of blood levels is sometimes needed when Gabapentin is used to treat seizures or in suicidality. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. These records reported that Gabapentin was included in the worker's pain medication regimen. There was no discussion suggesting the reason monitoring blood levels was necessary in this setting. In the absence of such evidence, the current request for laboratory blood testing of Gabapentin is not medically necessary.

**Lab: Morphine-Serum "Valencia":** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Morphine: Drug information. Topic 9788, version 147.0, Up-to-date, Accessed 11/25/2014, Rosenquist EWK, et al. Overview of treatment of chronic pain, Topic 2785, version 31.0, Up-to-date, accessed 11/25/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Morphine is a medication in the opioid class. It is used to treat recent and on-going pain. Appropriate monitoring includes clinical findings, such as pain levels and addictive behaviors. Research has demonstrated that blood levels of opioid medications do not correlate with pain relief. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. These records reported that long-acting Morphine was included in the worker's pain medication regimen. There was no discussion suggesting the reason monitoring blood levels was necessary in this setting. In the absence of such evidence, the current request for laboratory serum blood testing of Morphine is not medically necessary.

**Lab: Acetaminophen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Therapeutic drug monitoring. Quest Diagnostics. Accessed 11/25/2014.  
[http://www.questdiagnostics.com/testcenter/testguide.action?dc=WP\\_DrugHalfLife&tabview=true](http://www.questdiagnostics.com/testcenter/testguide.action?dc=WP_DrugHalfLife&tabview=true). Acetaminophen (paracetamol): Drug information, Topic 9242, version 119.0, Up-to-date. Accessed 11/25/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Acetaminophen is a pain reliever that is also used to decrease fever and treat headaches. Monitoring blood levels is indicated in cases of recent overdose and in the long-term treatment of people with liver disease. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. These records reported that acetaminophen was included in the worker's pain medication regimen. There was no indication that the worker had liver disease. There was no discussion suggesting the reason monitoring blood levels was necessary in this setting. In the absence of such evidence, the current request for laboratory blood testing of acetaminophen is not medically necessary.

**Lab: Hydrocodone and Metabolite, Serum:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hydrocodone: Drug information. Topic 91299, version 50.0, Up-to-date, Accessed 11/25/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Hydrocodone is a medication in the opioid class. It is used to treat pain. Appropriate monitoring includes clinical findings, such as pain levels and addictive behaviors. Research has demonstrated that blood levels of opioid medications do not correlate with pain relief. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. These records reported that Hydrocodone was included in the worker's pain medication regimen. There was no discussion suggesting the reason monitoring blood levels was necessary in this setting. In the absence of such evidence, the current request for laboratory serum blood testing of Hydrocodone and its metabolites is not medically necessary.

**Lab: CBC (includes DIFF/PLT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete blood count (CBC). MedlinePlus Medical Encyclopedia. Accessed 11/25/2014.  
<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the components of the blood in several different ways. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. There was no discussion suggesting the reason this panel of blood tests was necessary in this setting. The reviewed documentation did not indicate the worker was taking any medication that tends to alter these components of the blood either directly or as a side effect, and there was no mention of signs or symptoms suggesting a problem that would be shown with this panel of blood tests. In the absence of such evidence, the current request for complete blood count (CBC) laboratory testing including platelets and a differential is not medically necessary.

**Lab: CHEM 19:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chemistry panels.  
<http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>, Accessed 11/25/2014

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Chemistry panels are groups of blood tests that generally look at the salt balance in the blood, sugar level, cholesterol levels, kidney function, and/or liver function. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. These records did not mention signs or symptoms suggesting a problem that would be shown with the common panels of blood tests. There was no discussion suggesting the reason this panel of blood tests was necessary in this setting. It is unclear which specific blood tests were requested as a "chemistry 19" panel. In the absence of such evidence, the current request for laboratory chemistry 19 panel testing is not medically necessary.

**Lab: EIA9 with Alcohol + RFLX urine:** Overturned

**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 Opioids, Criteria for Use, Opioids, and Steps to Avoid Misuse/Addiction Page(s): 76-80 and 94-9.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was taking multiple restricted medications that have the potential for abuse. For these reasons, the current request for urinary testing with the EIA9 panel, alcohol, and with reflex confirmation is medically necessary.

**Lab: TSH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross DS, et al. Laboratory assessment of thyroid function, Topic 7891, version 19.0, Up-to-date, accessed 11/25/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The literature supports screening those at increased risk for thyroid disease with a thyroid stimulating hormone (TSH) blood level. Other blood tests looking at thyroid function are reserved for those with abnormal TSH results and/or those with overt signs or symptoms of thyroid disease. The submitted and reviewed documentation did not indicate the worker had known thyroid disease or describe symptoms or findings concerning for thyroid disease. In the absence of such evidence, the current request for blood testing of the thyroid stimulating hormone (TSH) level is not medically necessary.

**Lab: Urinalysis, complete:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinalysis, MedLine Plus Medical Encyclopedia. Accessed 11/25/2014. <http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Urinalysis is used to evaluate the urinary system. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. There was no discussion suggesting the reason a complete urinalysis was necessary in this setting. These records did not indicate symptoms or findings concerning for a problem with the urinary system and no known conditions were reported. In the absence of such evidence, the current request for a complete urinalysis is not medically necessary.

**Lab: Cyclobenzaprine, Serum/Plasma:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cyclobenzaprine: Drug information, Topic 9306, version 140.0, Up-to-date. Accessed 11/25/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Cyclobenzaprine is a medication in the skeletal muscle relaxant class. It is used for the short-term treatment of muscle spasms. Monitoring includes clinical findings concerning for serotonin syndrome and for possible abuse. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and shoulders that went into both arms. These records reported that Cyclobenzaprine was included in the worker's pain medication regimen. There was no discussion suggesting the reason monitoring blood levels was necessary in this setting. In the absence of such evidence, the current request for laboratory serum/plasma blood testing of Cyclobenzaprine is not medically necessary.