

Case Number:	CM14-0182012		
Date Assigned:	11/10/2014	Date of Injury:	12/12/2003
Decision Date:	12/30/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 and is licensed to practice in Georgia. 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 63-year-old female who reported injury on 12/12/2003. The mechanism of injury was the injured worker sustained when she taught first and second graders, which required a lot of bending over small desks. She started experiencing low back pain during and after a hard day's work. The injured worker's treatment history included MRI studies, EMG studies, epidural injections, vacations, and drug screens. The injured worker was evaluated on 09/26/2014, and is documented the injured worker complained of right sided low back pain radiating to the right buttock. The injured worker was present for pharmacological re-evaluation. The provider noted with the medication the injured worker was on should help any adverse side effects. The injured worker denies any adverse effects from the methadone, such as chest pains, palpitations, seizures, syncope, difficulty breathing or other problems. On present complaints, the injured worker complained of right low back and right buttock pain that was throbbing and cramping. Noted without medications was a 9/10 on the pain scale, and with medications was 7/10 on the pain scale. The pain was exacerbated when sitting, the pain radiated to the right buttock. Medications included Ambilify 10 mg, methadone 10 mg, and ondansetron for nausea, oxycodone/APAP 10/325 mg, Prevacid, tizanidine 2 mg, Viibryd, and Xanax 0.5 mg. Examination revealed there was tenderness in the paravertebral muscles of the lumbar spine on the right. Tenderness noted on the right sided notch. There was minimal decrease to touch over the left anterior lateral thigh. The active and passive portions of today's exam was performed within the injured worker's tolerance. Diagnoses included postlaminectomy syndrome, lumbosacral radiculitis, and displacement of lumbar disc w/o myelopathy, lumbago, and degeneration of lumbar disc. The Request for Authorization dated 09/26/2014 was for laboratory tests, blood draw, and quantity 2. Treatment plan included Request for Authorization for a blood draw to determine if the injured worker's serum opiate levels are within the therapeutic range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory test, blood draw, QTY: 2: 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), Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug lists and adverse effects Page(s): 70.

Decision rationale: The California MTUS guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring 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. Routine blood pressure monitoring is however, recommended. The documents included reports that the injured worker has been taking opioids since at least 11/11/2013. Labs are usually for monitoring chemistry profile. However, urine drug screen is usually recommended for opioids compliance. As such the request for laboratory test, blood draw, QTY:2 is not medically necessary.