

Case Number:	CM14-0183367		
Date Assigned:	11/10/2014	Date of Injury:	12/30/2002
Decision Date:	12/31/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/04/2014

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 & 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 female with date of injury of 12/30/2002. The listed diagnoses per the treating physician from 09/04/2014 are chronic lumbago, lumbar spine radiculopathy, bilateral lower extremity paresthesia, L4-L5, L5-S1 facet arthropathy, positive MRI from 08/27/2011, depression, L3-L4, L4-L5, L5-S1 disk bulge and status post lumbar fusion at L4-L5 done in 2009. According to this report, the patient complains of lumbar spine and bilateral lower extremity pain. He describes his pain as sharp, spasm, intermittent, numbing and tingling radiating down both legs, but is worse on the left than on the right at a rate of 8/10. The examination shows the patient has an antalgic gait and utilizes a cane for ambulation. The patient has a positive toe and heel walk. Function of the spine is 20/90 degrees, extension is 5/25 degrees, right and left lateral flexion is 10/25 degrees. The report from 07/24/2014 shows that the patient continues to complain of lumbar spine pain with some complaints of bowel issues and he continues to have depression and reports numbness and tingling radiating down his bilateral lower legs. He rates his pain an 8/10, which is constant, sharp with spasms and numbness and tingling in the legs all the way to the lateral aspect of the thighs just above the knees. Examination of the spine shows a positive stoop test, positive antalgic gait and the patient utilizes a cane for ambulation, positive toe and heel walk, and positive paraspinous tenderness to percussion. The documents include laboratory reports and urinalysis from 01/22/2013 to 01/23/2014, x-ray of the lumbar spine from 09/24/2013, an epidural steroid injection procedure report from 10/08/2014, QME reports from 04/20/2010 and 09/07/2011, and progress reports from 02/15/2013 to 10/16/2014. The utilization review denied the request on 10/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urinalysis tox screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with lumbar spine and bilateral lower extremity pain. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records show one urine drug screen from 01/23/2014 that showed inconsistent results with prescribed medications. The patient's medications include omeprazole, tramadol, Tylenol, and Paxil. The physician is requesting urine POC drug screen "to make sure that he can safely metabolize and excrete the medications as prescribed." While the physician does not discuss the patient's risk assessment, the requested urine drug screen is within ODG Guidelines. Recommendation is for authorization.

1 set of quarterly labs to include: CBC, CRP, CPK, chem 8, hepatic panel and arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic). CBC (complete blood count)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Psychcentral.com <http://pro.psychcentral.com/2013/laboratory-monitoring-when-prescribing-psychoactive/003425.html>

Decision rationale: This patient presents with low back pain and bilateral lower extremity pain. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testing; however, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients takes NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but with the interval of repeating lab test after this treatment duration, has not been established." The patient's current list of medications includes omeprazole, tramadol, Tylenol, and Paxil. The 07/24/2014 report notes, "Requesting authorization for quarterly labs and urine POC drug screen to make sure that he can safely metabolize and excrete the medications as prescribed." While some lab and UDS's are needed, there is no discussion in the guidelines that they must be

performed quarterly. The patient is not on any NSAIDs, and for the medications that the patient is on, including an anti-depressants, routine labs are not required. Per Psychcentral.com, no lab monitoring is required for SSRIs. Recommendation is for denial.