

Case Number:	CM14-0021240		
Date Assigned:	05/07/2014	Date of Injury:	11/16/2009
Decision Date:	07/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 60-year-old female with an 11/16/09 date of injury, when he was involved in an MVA. 8/15/13 QME reevaluation prohibited the patient from heavy work. 10/7/13 progress note described 4/10 neck and low back pain, as well as palpitation/anxiety with thinking regarding work environment. Clinically, there was reduced cervical and lumbar range of motion. Quarterly labs/drug screen were requested. 1/6/14 progress note described 4/10 ongoing cervical/lumbar spine pain. Depression is somewhat under controlled due to treatment with a psychologist. Treatment plan discussed refill of medications. In addition, quarterly laps with complete blood count, CRP, creatine phosphokinase, arthritis panel, as well as hepatic function panel, and quarterly urine screen were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 550MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (page 46) Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; NSAIDs.

Decision rationale: Medical necessity for the requested Naproxen is not established. CA MTUS states that although NSAIDs are effective, chronic use of NSAIDs is not recommended due to gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. ODG supports NSAID use for breakthrough pain. The provided progress notes do not adequately describe functional benefit from the use of naproxen and there is no documentation of an acute exacerbation of the patient's condition. There is no discussion of her adduction in VAS scores attributed to NSAID use. The request remains unsubstantiated, and is therefore not medically necessary.

OMEPRAZOLE 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, proton pump inhibitors.

Decision rationale: Medical necessity for the requested omeprazole he is not established. The associated request for Naproxen was not found medically reasonable, due to lack a documented efficacy. CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There is no discussion regarding duration of NSAID use or any gastric complaints attributed to medication use. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The request remains unsubstantiated and is therefore not medically necessary.

QUARTERLY LAB TEST: COMPLETE BLOOD COUNT (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: Medical necessity for the requested laboratory testing is not established. Quarterly laboratory testing is performed, however there is no specific discussion regarding laboratory testing at this frequency. A request for labs obtained approval on 9/19/13, however results are not presented. There are no specific comorbidities that would require such frequent laboratory testing. There is no discussion regarding any significant side effects from medications. The request remains unsubstantiated and is therefore not medically necessary.

QUARTERLY LAB TEST: C-REACTIVE PROTEIN (CRP): 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 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: Medical necessity for the requested laboratory testing is not established. Quarterly laboratory testing is performed, however there is no specific discussion regarding laboratory testing at this frequency. A request for labs obtained approval on 9/19/13, however results are not presented. There are no specific comorbidities that would require such frequent laboratory testing. There is no discussion regarding any significant side effects from medications. The request remains unsubstantiated and is not medically necessary.

QUARTERLY LAB TEST: CREATINE PHOSPHOKINASE (CPK): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: Medical necessity for the requested laboratory testing is not established. Quarterly laboratory testing is performed, however there is no specific discussion regarding laboratory testing at this frequency. A request for labs obtained approval on 9/19/13, however results are not presented. There are no specific comorbidities that would require such frequent laboratory testing. There is no discussion regarding any significant side effects from medications. The request remains unsubstantiated and is therefore not medically necessary.

QUARTERLY LAB TEST: ARTHRITIS PANEL: 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 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: Medical necessity for the requested laboratory testing is not established. Quarterly laboratory testing is performed, however there is no specific discussion regarding laboratory testing at this frequency. A request for labs obtained approval on 9/19/13, however results are not presented. There are no specific comorbidities that would require such frequent laboratory testing. There is no discussion regarding any significant side effects from medications.

or discussion regarding arthritic findings. The request remains unsubstantiated and is therefore not medically necessary.

QUARTERLY LAB TEST: HEPATIC PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: Medical necessity for the requested laboratory testing is not established. Quarterly laboratory testing is performed, however there is no specific discussion regarding laboratory testing at this frequency. A request for labs obtained approval on 9/19/13, however results are not presented. There are no specific comorbidities that would require such frequent laboratory testing. There is no discussion regarding any significant side effects from medications, or necessity for a hepatic panel. The request remains unsubstantiated is therefore not medically necessary.

QUARTERLY LAB TEST: BASIC METABOLIC PANEL (CHEM 8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: Medical necessity for the requested laboratory testing is not established. Quarterly laboratory testing is performed, however there is no specific discussion regarding laboratory testing at this frequency. A request for labs obtained approval on 9/19/13, however results are not presented. There are no specific comorbidities that would require such frequent laboratory testing. There is no discussion regarding any significant side effects from medications. The request remains unsubstantiated and is not medically necessary.

QUARTERLY LAB TEST: POC DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>).

Decision rationale: Medical necessity for the requested laboratory testing is not established. Quarterly laboratory testing is performed, however there is no specific discussion regarding laboratory testing at this frequency. A request for labs obtained approval on 9/19/13, however results are not presented. There are no specific comorbidities that would require such frequent laboratory testing. There is no discussion regarding any significant side effects from medications, or a suspicion of non-compliance. The request remains unsubstantiated and is not medically necessary.