

Case Number:	CM14-0022637		
Date Assigned:	06/11/2014	Date of Injury:	06/16/2008
Decision Date:	08/11/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 44-year-old female who reported an injury on 06/16/2008. The diagnosis was carpal tunnel syndrome. The mechanism of injury was not provided. The documentation of 02/10/2014 revealed the injured worker was in the office for medication management. The injured worker had moderate musculoskeletal pain. It was indicated the injured worker's medications were Pennsaid 1.5% topical drops, Simvastatin 20 mg tablets, Lisinopril 20 mg tablets, Norco 10/325 mg 1 tablet every 4 to 6 hours as needed, fish oil, Lasix 20 mg, Omeprazole 10 mg, Pepcid 20 mg, and Verapamil Hydrochloride. The physical examination revealed the injured worker had maximum tenderness on the bilateral mid-wrist, proximal wrist, and wrist joints. The diagnoses included carpal tunnel release, pain in joint involving forearm, myalgia and myositis unspecified, carpal tunnel syndrome, and chronic pain due to trauma. Lab studies requested were acetaminophen serum, CBC with diff, chem 19, EIA 9, hydromorphone serum, TSH, complete urinalysis, and a urine drug screen, as well as a functional restoration to evaluate and treat. It was indicated a renewal of the medications was appropriate and routine labs were appropriate per applicable guidelines. The request was for a functional restoration program additionally.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP) CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

Decision rationale: The California MTUS Guidelines indicate that a functional restoration program is appropriate for injured workers who have conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program include an adequate and thorough evaluation that has been made including baseline functional testing so follow-up testing with the same tests can note functional improvement, documentation of previous methods of treating chronic pain that have been unsuccessful, and there is the absence of other options likely to result in significant clinical improvement. There should be documentation of the injured worker's significant loss of ability to function independently resulting from chronic pain and it should include documentation that the injured worker is not a candidate for surgery or other treatments that would be warranted, documentation of the injured worker having motivation to change and they are willing to forego secondary gains including disability payments to effect this change and negative predictors of success have been addressed. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. As such, there would be no necessity for a functional restoration program consultation. Given the above, the request for functional restoration program consult is not medically necessary.

URINALYSIS (UA) COMPLETE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/laboratorytests.html>Laboratory Tests.

Decision rationale: Per nlm.nih.gov, "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review indicated the laboratory testing was for routine testing. However, there was a lack of documentation including prior testing to support the necessity for further testing and there was a lack of documentation of exceptional factors. Given the above, the request for a urinalysis complete is not medically necessary.

THYROID STIMULATING HORMONE (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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/laboratorytests.html>Laboratory Tests.

Decision rationale: Per nlm.nih.gov, "Laboratory tests can check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review indicated the laboratory testing was for routine testing. However, there was a lack of documentation including prior testing to support the necessity for further testing and there was a lack of documentation of exceptional factors. Given the above, the request for thyroid stimulating hormone is not medically necessary.

CHEM 19: 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, page 70, does not address specifically the Chem 19 test Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/laboratorytests.html>Laboratory Tests.

Decision rationale: California MTUS guidelines indicate that the 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. There was a lack of documentation indicating the specific components of the Chem 19 panel. As such secondary guidelines were sought. Per nlm.nih.gov, "Laboratory tests can check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review indicated the laboratory testing was for routine testing. However, there was a lack of documentation including prior testing to support the necessity for further testing and there was a lack of documentation of exceptional factors. Given the above, the request for chem 19 is not medically necessary.

CBC WITH DIFFERENTIAL: 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 Page(s): 70.

Decision rationale: California MTUS guidelines indicate that the 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. There was a lack of documentation including prior testing to support the necessity for further testing and there was a lack of documentation of exceptional factors. Given the above, the request for CBC is not medically necessary.

ENZYME IMMUNOASSAY (EIA) 9: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/laboratorytests.html> Laboratory Tests.

Decision rationale: Per [nlm.nih.gov](http://www.nlm.nih.gov), "Laboratory tests can check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review indicated the laboratory testing was for routine testing. However, there was a lack of documentation including prior testing to support the necessity for further testing and there was a lack of documentation of exceptional factors. Given the above, the request for enzyme immunoassay is not medically necessary.

HYDROMORPHONE 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/laboratorytests.html> Laboratory Tests.

Decision rationale: Per [nlm.nih.gov](http://www.nlm.nih.gov), "Laboratory tests can check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review indicated the laboratory testing was for routine testing. However, there was a lack of documentation including prior testing to support the necessity for further testing and there was a lack of documentation of exceptional factors. Given the above, the request for hydromorphone serum is not medically necessary.

ACETAMINOPHEN 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/laboratorytests.html>Laboratory Tests.

Decision rationale: Per [nlm.nih.gov](http://www.nlm.nih.gov), "Laboratory tests can check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review indicated the laboratory testing was for routine testing. However, there was a lack of documentation including prior testing to support the necessity for further testing and there was a lack of documentation of exceptional factors. Given the above, the request for acetaminophen serum is not medically necessary.