

<b>Case Number:</b>	CM14-0025528		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/01/1997
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old female with a 5/1/97 date of injury, and cervical fusion in 2007. At the time (2/3/14) the request is for authorization for thyroid stimulating hormone (TSH), urine analysis (UA) complete, Complete Blood Count (CBC) with diff, Trazadone serum, CHEM 19, and Acetaminophen serum, and Hydrocodone, EIA 9, and Fentanyl urine. There is documentation of subjective (back pain radiating to upper and lower extremities) and objective (decreased sensation on left deltoid patch, lateral forearm, and middle finger) findings, current diagnoses (chronic pain due to trauma, low back pain, facet arthropathy, sacroiliitis, failed back surgery syndrome, and lumbar degenerative disc disease), and treatment to date (medications and physical therapy). There is no documentation of abuse, addiction, or poor pain control, and a clearly stated rationale identifying why laboratory tests are needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone, EIA 9, Fentanyl urine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: Medical Necessity of Laboratory Tests  
([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic pain due to trauma, low back pain, facet arthropathy, sacroiliitis, failed back surgery syndrome, and lumbar degenerative disc disease. However, there is no documentation of abuse, addiction, or poor pain control. In addition, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone, EIA 9, and Fentanyl urine is not medically necessary.

**(TSH), urine analysis (UA) complete, Complete Blood Count (CBC) with differential, Trazadone serum, CHEM 19, and Acetaminophen serum:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 43, 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests  
([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic pain due to trauma, low back pain, facet arthropathy, sacroiliitis, failed back surgery syndrome, and lumbar degenerative disc disease. However, there is no documentation of abuse, addiction, or poor pain control. In addition, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for TSH, UA complete, CBC with diff, Trazadone serum, CHEM 19, and Acetaminophen serum is not medically necessary.