MAXIMUS Federal Services

Case Number:	CM14-0027974		
Date Assigned:	06/16/2014	Date of Injury:	09/12/2003
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 56-year-old with a date of injury on September 12, 2013. Diagnoses include chronic pain syndrome, back pain, radiculopathy, and spondylosis with myelopathy. Subjective complaints are of unchanged pain in the low back. Physical exam shows back stiffness, and physical exam unchanged from previous. Medications include Tylenol #4, Lidoderm patch, Neurontin, Prilosec, Valium, testosterone, and ibuprofen. Submitted documentation does not include evidence of efficacy or functional improvement with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR TYLENOL #4 300/60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While opioids may be indicated for this patient, there is no

documentation of Chronic Pain Medical Treatment Guidelines compliance, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. The request for one complete blood count with differential and CMET is not medically necessary or appropriate.

ONE COMPLETE BLOOD COUNT WITH DIFFERENTIAL AND CMET: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Management of Acute Low Back Pain, September 2011, page 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation resource Prim Care Companion CNS Disorderrs, 2012; 14(3): PCC.11m01326. Published online Jun 14, 2012. doi: 10.4088/PCC.11m01326.

Decision rationale: The CA MTUS is silent on routine laboratory testing for chronic pain patients; therefore other current guidelines were referenced. This patient has diagnoses that are consistent with chronic pain. Referenced guidelines indicate that chronic opioid therapy can adversely affect respiratory, gastrointestinal, musculoskeletal, cardiovascular, immune, endocrine, and central nervous systems. Due to this patient being on chronic opioid therapy, laboratory testing to evaluate endocrine, hematologic, and immune function are appropriate. The request for one complete blood count with differential and CMET is medically necessary and appropriate.