

Case Number:	CM14-0044591		
Date Assigned:	08/08/2014	Date of Injury:	10/01/1993
Decision Date:	12/12/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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 66-year-old female with a 10/1/93 date of injury. At the time (3/25/14) of request for authorization for Urinalysis (UA) complete, Urine drug screen, Complete blood count (CBC) with differential, Thyroid-Stimulating Hormone (TSH), Carisoprodol serum, Fentanyl serum, Alprazolam serum, Gabapentin serum, EIA 9, and Chem 19, there is documentation of subjective (neck pain) and objective (absent biceps reflex, diffuse tenderness over the cervical region, and decreased range of motion) findings. The current diagnoses are chronic neck pain and chronic pain syndrome. The treatment to date includes ongoing treatment with Carisoprodol, Fentanyl, Gabapentin, and Alprazolam. Regarding Urinalysis (UA) complete, Complete blood count (CBC) with differential, Thyroid-Stimulating Hormone (TSH), Carisoprodol serum, Fentanyl serum, Alprazolam serum, Gabapentin serum, EIA 9, and Chem 19, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Regarding Urine drug screen, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: Urinalysis (UA) Complete: Upheld

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

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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm).

Decision rationale: MTUS and Official Disability Guidelines do not address the issue. 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 Urinalysis. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain and chronic pain syndrome. However, there is no documentation of a clearly stated rationale identifying why Urinalysis (UA) Complete is needed. Therefore, based on guidelines and a review of the evidence, the request for Urinalysis (UA) Complete is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

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

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. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain and chronic pain syndrome. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for Urine drug screen is not medically necessary.

Labs: Complete Blood Count (CBC) with Differential, Thyroid-Stimulating Hormone (TSH), Carisoprodol Serum, Fentanyl Serum, Alprazolam Serum, Gabapentin Serum, EIA 9, and Chem 19: Upheld

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

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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: MTUS and Official Disability Guidelines do not address the issue. 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 neck pain and chronic pain syndrome. However, there is no documentation of a clearly stated rationale identifying why Complete Blood Count (CBC) with Differential, Thyroid-Stimulating Hormone (TSH), Carisoprodol Serum, Fentanyl Serum, Alprazolam Serum, Gabapentin Serum, EIA 9, and Chem 19 is needed. Therefore, based on guidelines and a review of the evidence, the request for Labs: Complete Blood Count (CBC) with Differential, Thyroid-Stimulating Hormone (TSH), Carisoprodol Serum, Fentanyl Serum, Alprazolam Serum, Gabapentin Serum, EIA 9, Chem 19 is not medically necessary.