

Case Number:	CM14-0070368		
Date Assigned:	07/14/2014	Date of Injury:	01/19/1995
Decision Date:	09/10/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational Medicine and is licensed to practice in Hawaii and 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:

This patient is a 75 year old male employee with date of injury of 1/19/1995. A review of the medical records indicates that the patient is undergoing treatment for back pain and musculoskeletal pain (6/17/2014). Patient received bilateral knee replacement (date unspecified) and was reporting severe pain with neuropathy in knee (8/22/2011) with pain extending to feet (2/27/2012). Recent physicians' reports mention lower back pain radiating to bilateral knee described as constant (9/23/2013) and throbbing (5/14/2014), Past additional diagnoses include Anemia, Depression, Hypertension, and Diabetes (6/17/2014). Objective findings include pain scale ratings with medications of 7/10 (9/23/2013), 4/10 (5/22/2014). Physician aspirated about 5 cc of serous fluid from knee on 1/7/2014 and an x-ray from 2/12/2014 revealed that hardware from knee replacement remained stable. Treatment has included Ambien CR 12.5mg 1-2/day, Carvedilol 2/day, Hydralazine 50mg, Lidoderm 5% 700mg patch 2/day, Lyrica 150mg 3/day, Nifedical XL 60mg 1/day, Norco 10mg-325mg tab 3-4/day (9/23/2013) A trigger point injection was performed on 9/23/2013 consisting of bupifacaine 0.25% w/o epi 10mLs and Kenalog 10mg. Five injections each for four sites (muscles): external oblique internal oblique, latissimus dorsi, and erector spinae Frecto spinae, Serratus posterior inferior, Latissimus dorsi, Iliocostalis lumborum, Longissimus thoracis and Quadratus lumborum. A utilization review dated 5/7/2014 non-certified Outpatient Multiple Labs: CBC with Diff, Urinalysis (UA) Complete, Acetaminophen Serum, EIA, Hydrocodone due to lack of clinical indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Multiple Labs: CBC with Diff, Urinalysis (UA) Complete, Acetaminophen Serum, EIA, Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, NSAIDs, specific drug list & adverse effects, Opioids Page(s): 43, 70, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: California MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. California MTUS also writes regarding NSAID monitoring, "Routine Suggested Monitoring: 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." Medical records indicate that a urinalysis, complete blood count, acetaminophen level, and chemistry panel was conducted on 4/15/2014. In subsequent medical notes after 4/15/2014, the treating physician does not reference the lab results and does not indicate what lab results were of concern that would warrant repeat testing. Frequent laboratory testing without documented clinical concerns or rationale, is not advised. As such, the current request for Outpatient Multiple Labs: CBC with Diff, Urinalysis (UA) Complete, Acetaminophen Serum, EIA, Hydrocodone is not medically necessary.