

Case Number:	CM14-0074480		
Date Assigned:	07/16/2014	Date of Injury:	06/13/2011
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 Interventional Spine 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:

The patient is a 62 year old with an injury date on 6/13/11. Patient complains of right foot and ankle pain rated 3-4/10, lumbar pain, and "popping" in the right shoulder per 3/25/14 report. Patient is not able to lift anything greater than 10 pounds due to right shoulder pain, and is performing a home exercise program per 3/25/14 report. Based on the 3/25/14 progress report provided by [REDACTED] the diagnoses are: 1. shoulder impingement syndrome, right shoulder. 2. AC joint arthrosis, right shoulder. 3. arthrosis, glenohumeral joint, right shoulder. 4. s/p right shoulder arthroscopy, February 2012. 5. s/s medial collateral ligament, right ankle. 6. s/s lateral collateral ligament, right ankle. 7. peroneal tendonitis, right ankle. 8. rupture of posterior tibial tendon, right ankle. 9. posterior tibial tendon dysfunction, Stage II, right foot and ankle. 10. pain, low back, non-radicular. Exam on 3/25/14 showed "patient walks with antalgic gait on the right. Right shoulder abduction/flexion are positive for pain. Weak abduction against resistance with right shoulder. Full range of motion of C-spine and L-spine but with pain." [REDACTED] is requesting quarterly laboratory analysis (CBC, BMP, Hepatic Panel, CPK, CRP, Arthritis Panel) and point of contact urine drug screen. The utilization review determination being challenged is dated 4/21/14 and denies urine drug screen due to lack of documentation regarding purpose of urine drug screen. [REDACTED] is the requesting provider, and he provided treatment reports from 7/22/13 to 5/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quarterly Laboratory Analysis (CBC, BMP, Hepatic Panel CPK, CRP, Arthritis Panel):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resources ON Clinical Lab Testing from The Laboratory Professionals Who Do The Testing last updated 02/18/2012. Lab Tests Online, <http://labtestsonline.org/understanding/analytes/cbc/tab/testLab> Tests Online, <http://labtestsonline.org/understanding/analytes/bmp/Liver> Function Test - Labtestsonline.org Lab Tests Online, <http://labtestsonline.org/understanding/analytes/ck/tab/testLab> Tests Online, <http://labtestsonline.org/understanding/analytes/crp/tab/testLab> Tests Online, <http://labtestsonline.org/understanding/analytes/cmp>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Health SmartSource <http://aetna-health.healthline.com/smartsource/healthwisecontent/Special/tr6151>.

Decision rationale: This patient presents with right foot/ankle pain, back pain, and right shoulder pain. The provider has asked for quarterly laboratory analysis (CBC, BMP, Hepatic Panel, CPK, CRP, Arthritis Panel) on 3/25/14 "to ensure it is safe for patient to metabolize and excrete medications as prescribed." As of 2/7/14, patient's only current medication is Tramadol. On the 12/28/13 and 9/16/13 reports, patient does not appear to be on any medications. Regarding Basic Metabolic Panel, Aetna Health describes it as a blood test that measures your sugar (glucose) level, electrolyte and fluid balance, and kidney. It is used to determine how medicines are affecting the kidneys or the electrolytes, as part of a regular health examination or to help diagnose a medical condition. In this case, the patient does not appear to be on a multi-pharmacy regimen and periodic laboratory testing is not indicated for patient's condition. The patient's only medication is an opiate. The provider does not provide a useful discussion regarding request for multiple laboratory analyses. Therefore the request for Quarterly Laboratory Analysis (CBC, BMP, Hepatic Panel CPK, CRP, Arthritis Panel) is not medically necessary and appropriate.

Point of Contact Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary last updated 04/10/2014, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse, Page(s): 94-95.

Decision rationale: This patient presents with right foot/ankle pain, back pain, and right shoulder pain. The provider has asked for point of contact urine drug screen on 3/25/14. It is not known when patient had the last urine drug screen. Patient is taking Tramadol per 2/7/14 report. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this

case, the provider has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. Therefore the request for Point of Contact Urine Drug Screen is medically necessary and appropriate.