

Case Number:	CM13-0022561		
Date Assigned:	01/15/2014	Date of Injury:	04/16/2013
Decision Date:	03/13/2015	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female continues to complain of pain in her right elbow and forearm stemming from a repetitive work related injury reported on 4/16/2013. Diagnoses include right elbow epicondylitis; right forearm sprain/strain; and right upper extremity overuse syndrome. Treatments have included: consultation; diagnostic imaging; counter-force lateral epicondylitis brace; physical therapy; and medication management. The injured worker (IW) was noted to be back at work with restrictions. Progress notes from the primary provider, dated 5/9/2013, note complaints of increasing discomfort and pain in the right elbow, and diagnoses of: moderate grade, partial tear of the common extensor tendon, right elbow; partial tear of the humeral attachment of the radial collateral ligament, right elbow; osteophyte of the common extensor tendon right elbow; and lateral epicondylitis, right elbow. The treatment plan included surgery for which the risks that included stroke and heart attack, was discussed and requested, therefore pre-operative laboratories were also requested; post-operative orders were also noted. Progress notes, dated 7/30/2013, note a history of high blood pressure and being on Valsartan-HCTZ daily, and Tramadol for pain; it was noted the injured worker (IW) trialed Motrin for inflammation and pain. Potential side effects for Tramadol were noted to include: dizziness, nausea, constipation, headaches, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth and diarrhea. The past medical history noted the IW denying any significant health history and it is noted that the IW had no relative contraindications for the use of Opioids. The IW was noted to have been off work since 7/19/2013, and was going to begin 8 visits of physical therapy with a home exercise program; and that the IW was expected to reach a maximum level of

improvement in 1-2 months. No surgeries were indicated by the injured worker in past medical history. No documentation, provided for my review, stated that surgery had been provided. On 8/30/2013 Utilization Review non-certified, for medical necessity, the request for: laboratories (CBC, CRP, CPK Chem 8, Hepatic and Arthritis panels), and a UA toxicology screen (for medicine usage). The rationale given for the non-certification for the laboratories is that the documentation provided did not support evidence of problems, or conditions, with the systems these labs would test for. Rational for modifying the request for the Urine Toxicology test is that this test is appropriate for screening in order to avoid any misuse of the prescribed medications. The MTUS guidelines for chronic pain and use of Opioids screening, and since MTUS and ODG guidelines do not specifically address the requested laboratories, Cigna.com and labtestsonline.org were used for guidance on documentation that would support the need for these laboratories.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA Tox Screen for Med Usage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy. According to the documentation provided, there was no mention of noncompliance or misuse of medication. The injured worker's current medication regimen was not provided. There was no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity for the requested testing has not been established in this case. As such, the request is not medically appropriate.

Complete Blood Count (CBC) Laboratory Evaluation: 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/HEALTHINFO/HW4260.HTML](http://www.cigna.com/healthinfo/hw4260.html)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Repeat testing is based on patient risk factors and related symptoms. According to the documentation provided, there was no evidence of any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity for the requested laboratory testing has not been established in this case. Therefore, the request is not medically appropriate.

C-Reactive Protein (CRP) Laboratory Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CRP/TEST/HTML](http://www.labtestsonline.org/understanding/analytes/crp/test/html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, a C-reactive protein may be used to detect or monitor significant inflammation in an individual who is suspected of having an acute condition. In this case, there is no indication that this injured worker suffers from an acute inflammatory disease. The injured worker has been diagnosed with lateral epicondylitis and is noted to be pending surgical intervention. The medical necessity for the requested laboratory testing has not been established. As such, the request is not medically appropriate.

Creatine Phosphokinase (CPK) Laboratory Evaluation: 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/CKMB/TAB/TEST](http://labtestsonline.org/understanding/analytes/ckmb/tab/test)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Www.labtestsonline.com](http://www.labtestsonline.com). Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, the creatinine blood test is used along with a blood urea nitrogen test to assess kidney function. There is no indication that this injured worker suffers from an abnormality due to kidney function. The medical necessity for a creatinine phosphokinase test has not been established. As such, the request is not medically appropriate.

Chemistry 8 Laboratory Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/BMP/GLANCE.HTML](http://www.labtestsonline.org/understanding/analytes/bmp/glance.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, chemistry panels are groups of tests that are routinely ordered to determine a person's general health status. There is no indication that this injured worker may suffer from an electrolyte imbalance. There is no mention of any signs or symptoms suggestive of an abnormality. The medical necessity for the requested testing has not been established in this case. As such, the request is not medically appropriate.

Hepatic Panel Laboratory Evaluation: 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/HEALTHINFO/TR6148.HTML](http://www.cigna.com/healthinfo/tr6148.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. [Www.labtestsonline.com](http://www.labtestsonline.com). Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014. A liver panel may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. A comprehensive metabolic panel (CMP) which is often performed as part of a general health checkup, may be ordered instead of a liver panel for routine screening. This group of tests includes most of the liver panel as well as additional tests that evaluate other organs and systems within the body.

Decision rationale: According to the American Association for Clinical Chemistry, a liver panel may be used to screen for liver damage, especially if the patient has a condition or is taking a drug that may affect the liver. In this case, the injured worker's current medication regimen was not provided. There was no evidence of any signs or symptoms suggestive of an abnormality related to the liver. The medical necessity has not been established. As such, the request is not medically appropriate.

Arthritis Panel Laboratory Evaluation: 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/CONDITIONS/RHEUMATOID/START/1](http://labtestsonline.org/understanding/conditions/rheumatoid/start/1)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Www.labtestsonline.com](http://www.labtestsonline.com). Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, the rheumatoid factor test is primarily used to help diagnose rheumatoid arthritis and to distinguish rheumatoid arthritis from other forms of arthritis or other conditions that may cause similar symptoms. The injured worker does not have any signs or symptoms suggestive of arthritis or other conditions that cause similar symptoms. The injured worker has been diagnosed with lateral epicondylitis of the right elbow, and is noted to be pending surgical intervention. The medical necessity for the requested laboratory testing has not been established in this case. As such, the request is not medically appropriate.