MAXIMUS Federal Services

Case Number:	CM14-0209838		
Date Assigned:	12/22/2014	Date of Injury:	01/07/2014
Decision Date:	02/18/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year old male with an injury date of 01/07/14. The 11/17/14 report states that the patient presents with constant bilateral wrist pain radiating proximally to the bilateral forearms, hands, fingers, elbows shoulders and upper back with associated numbness and tingling sensation. There are difficulties with depression, stress, anxiety and insomnia. Pain is rated 6/10. The patient is not working. Examination reveals positive Durkan's, Tinel and Phalen signs bilaterally. There is a loss of sensation to light touch to the 3rd and 4th digits on the left hand. The patient's diagnoses include:1. S/p bilateral carpal tunnel release right 10/03/14 and left 08/26/142. Bilateral incomplete carpal tunnel release, clinically3. Left De Quervain's syndrome, clinically due to positive FinkelsteinTen postoperative sessions of physical therapy for each hand was received. Medications are listed as Tramadol and Ibuprofen. The utilization review dated 11/25/14 denied the request for CBC, CRP and CPK as there are no reported complications form use of medications or current treatment. The UA toxicology screen was denied as there was documentation that prior UDS test results were incorporated in the medication prescription and no risk level was assessed. Reports were provided for review from 06/02/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS : UA Toxicology Screen for bilateral writs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The patient presents with constant bilateral wrist pain radiating to the hands, fingers, forearms, elbows, shoulder and upper back status post right and left carpal tunnel release 10/03/14 and 08/26/14. The current request is for UA Toxicology Screen for bilateral writs (sic). The RFA is not included. The 11/25/14 utilization review states the RFA is dated 11/17/14. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. ODG states, "Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." The reports provided show that the patient is prescribed Tramadol as early as 06/02/14 as well as Ibuprofen. The utilization review cites a prior UDS for the patient; however, the date and the results are not provided. It is not known if the patient was prescribed opioids at the time of the prior UDS. In this case, there is evidence of one prior UDS since the injury date of 01/07/14. The patient appears to be prescribed opiates on a long-term basis. However, only once yearly testing is recommended following initial screening for low risk patients. There is no documentation that this patient is a moderate or high risk patient which would allow additional UDS testing. The request is not medically necessary.

LAB: CBC for bilateral writs: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with constant bilateral wrist pain radiating to the hands, fingers, forearms, elbows, shoulder and upper back status post right and left carpal tunnel release 10/03/14 and 08/26/14. The current request is for LAB: CBC for bilateral writs (sic) per 11/17/14 report. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The 11/17/14 treatment plan states, "Requesting authorization for baseline labs to

make sure that it is safe for the patient to metabolize and excrete the medications as prescribed." The reports provided show the patient is prescribed an NSAID (Ibuprofen), and MTUS recommends periodic monitoring of CBC for use of NSAIDs. There is no evidence of prior CBC testing for this patient. The request is medically necessary.

LAB: CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with constant bilateral wrist pain radiating to the hands, fingers, forearms, elbows, shoulder and upper back status post right and left carpal tunnel release 10/03/14 and 08/26/14. The current request is for LAB: CRP per 11/17/14 report. CRP (C - reactive protein) is a blood test to measure inflammation. In this case, lab work that includes CRP is beyond the MTUS recommendations. The request is not medically necessary.

LAB: CPK for bilateral writs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with constant bilateral wrist pain radiating to the hand, fingers, forearms, elbows, shoulder and upper back status post right and left carpal tunnel release 10/03/14 and 08/26/14. The current request is for LAB: CPK for bilateral writs (sic) per 11/17/14 report. CPK (Creatine Phosphokinase) is primarily testing for: heart attack, evaluate the cause of chest pain and for the detection of muscle damage, dermatomyositis, polymyositis and other muscle diseases. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminase within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The 11/17/14 treatment plan states, "Requesting authorization for baseline labs to make sure that it is safe for the patient to metabolize and excrete the medications as prescribed." In this case, CBC testing including liver and renal function tests are recommended by MTUS for routine monitoring when NSAIDs are used. In this case, lab work beyond MTUS recommendations is requested. The request is not medically necessary.