

Case Number:	CM15-0008300		
Date Assigned:	01/26/2015	Date of Injury:	04/25/1994
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii
 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:

The injured worker is a 53 year old male who sustained a work related injury April 25, 1994. He was electrocuted by a high voltage panel and suffers from chronic right arm RSD (reflex sympathetic dystrophy). He was right handed and now has to use the left hand which is has not completely compensated and especially difficult with fine motor skills. According to a primary treating physician's report dated October 23, 2014, the injured worker presented with complaints of neck pain, right anterior, lateral, and posterior, right shoulder and right arm. The pain is described as aching, shooting stabbing and throbbing and rated 6/10 with medications and 10/10 without. It is aggravated by lifting pushing and rolling over in bed. Relieving factors include ice, narcotic analgesics, over the counter medications, rest, stretching and heat. Diagnoses are pain in joint involving hand, chronic; chronic pain due to trauma; chronic neck pain and chronic pain in joint shoulder region. Treatment plan includes continuation and tapering of medication, counseling for medications and pain management and recommendation for a functional restoration program, which the injured worker is not interested in at this time. According to utilization review dated January 6, 2015, the request for Lab: Fentanyl and norfentanyl, GGT, Acetaminophen, Chem 19, ibuprofen serum, and hydrocodone & Metabolite serum are non-certified. The request for Urinalysis Complete is non-certified. The request for Urine Drug Screen is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory testing for Fentanyl and Norfentanyl, GGT, Acetaminophen, Chem 19 Ibuprofen Serum, Hydrocodone, and Metabolite serum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back (acute and chronic) procedure summary, criteria for preoperative lab testing

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

Decision rationale: The patient presents with pain affecting the neck, right shoulder, and right arm. The current request is for Laboratory testing for Fentanyl and Norfentanyl, GGT, Acetaminophen, Chem 19 Ibuprofen Serum, Hydrocodone, and Metabolite serum. The requesting treating physician report was not found in the documents provided. A progress report dated 1/6/15(12D) notes that the patient received a Chem panel and Urinalysis on 2/28/14, and a UDS on 10/23/14. The 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." Medical reports provided, show the patient has been taking opioids but no risk assessment has been performed and a UDS collected on 12/19/14 was consistent with prescription therapy. Acetaminophen does not require routine testing as this is an OTC medication. In this case, there is no rationale for the current request in the documents provided, so it is unclear why the patient requires such extensive lab testing and why it is medically necessary. Furthermore, a chem panel was performed on 2/28/14 and there is no documentation provided that shows the test came back with inconsistent results that would warrant further laboratory testing. MTUS guidelines support monitoring of CBC when taking NSAIDs but the physician is requesting multiple lab tests that are not supported by the guidelines. The treating physician has requested lab work above and beyond the recommendations from the MTUS guidelines. Recommendation is for denial.

Urinalysis complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Urine drug testing

Decision rationale: The patient presents with pain affecting the neck, right shoulder, and right arm. The current request is for Urinalysis complete. The requesting treating physician report was not found in the documents provided. A progress report dated 1/6/15(12D) notes that the

patient received a Chem panel and Urinalysis on 2/28/14, and a UDS on 10/23/14. The MTUS guidelines page 77 states under opioid management: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends a once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. UDS's for proper opiates monitoring is recommended per MTUS once yearly for low-risk patients. In this case, a Urinalysis was performed on 2/28/14 and there is no documentation provided that show the patient's results were inconsistent with prescription therapy. There is no evidence in the medical reports that a risk assessment was provided or that the patient had a history of aberrant behavior. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS and ODG guidelines. Recommendation is for denial.

Urine drug screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Urine drug testing

Decision rationale: The patient presents with pain affecting the neck, right shoulder, and right arm. The current request is for Urine drug screen. The requesting treating physician report was not found in the documents provided. A progress report dated 1/6/15(12D) notes that the patient received a Chem panel and Urinalysis on 2/28/14, and a UDS on 10/23/14. The MTUS guidelines page 77 states under opioid management: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends a once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. UDS's for proper opiates monitoring is recommended per MTUS once yearly for low-risk patients. In this case, a UDS was performed on 10/28/14 and there is no documentation provided that show the patient's results were inconsistent with prescription therapy. There is no evidence in the medical reports that a risk assessment was provided or that the patient had a history of aberrant behavior. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS and ODG guidelines. Recommendation is for denial.