

Case Number:	CM15-0203685		
Date Assigned:	10/20/2015	Date of Injury:	04/25/1994
Decision Date:	12/07/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/16/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 75 year old female, who sustained an industrial injury on 4-25-1994. The injured worker is undergoing treatment for: pain to the left shoulder, neck and low back. On 9-15-15, she reported pain to the left shoulder, neck and low back. She indicated her pain to radiate into the left arm, left calf and left thigh. She is reported to have had "meaningful improvement in pain level and function". The provider noted there were no side effects, and she has "not experienced an overdose event during the current treatment episode. The patient has not demonstrated any evidence of a current substance use disorder". She rated her pain without medications 8 out of 10, with medications 2 out of 10, and her average pain in the last month as 9 out of 10. Her activities of daily living interfered by pain is rated a 6 out of 10. She is reported as able to work up to 8 hours daily with medications and struggles to fully daily responsibilities without medications. Physical examination revealed tenderness in the neck area and bilateral shoulders, normal gait, spasm and tenderness in the low back. The treatment and diagnostic testing to date has included: trigger point injections in the upper trapezius, neck, low back and sacro-iliac joints, CBC with differential (5-1-14), Chemistry panel (5-1-14), CURES (7-9-14), ESS (4-8-14), Medication agreement (4-8-14), PHQ-9 (4-8-14), TSH (5-1-14), urine drug screen (4-8-14), urinalysis (5-1-14). Medications have included: Flexeril, Klonopin, Norco, Atenolol, electrolyte stamina, estroven energy, multivitamin tablets, Neurontin, trace minerals, vitamin b complex 50, vitamin d, and vitamin E. Current work status: unclear. The request for authorization is for: CBC with differential and platelets, liver panel, complete urinalysis, urine drug and alcohol screen, acetaminophen level, glutamyltransferase gamma (ggt) level,

hydrocodone and metabolite serum level, and comprehensive metabolic panel (chem 20). The UR dated 9-29-2015: non-certified the requests for CBC with differential and platelets, liver panel, complete urinalysis, urine drug and alcohol screen, acetaminophen level, glutamyltransferase gamma (ggt) level, hydrocodone and metabolite serum level, and comprehensive metabolic panel (chem 20).

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count (CBC) with Diff/PLT: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: A complete blood count (CBC) is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. In addition, package inserts for NSAIDS recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There are no objective findings that indicate the need for lab studies for this patient. The medical records do not present a clinical rationale that establishes the requested laboratory studies are medically necessary. The request is not medically necessary and appropriate.

Liver panel: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: There is no specific indication for the requested hepatic function blood tests. The package inserts for NSAIDS recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There are no objective findings that indicate the need for lab studies for this patient. The medical records do not present a clinical rationale that establishes the requested laboratory studies are medically necessary. The request is not medically necessary and appropriate.

Complete urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: There are no objective findings that indicate the need for a complete urinalysis for this patient. The medical records do not present a clinical rationale that establishes this requested laboratory study. This request is not medically necessary.

Urine drug screen (UDS) and alcohol: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, urine drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) UDT.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient's last UDT was 04/08/2014. As the patient has continued on chronic opioid treatment, a UDT is medically established. The UDT is medically necessary.

Acetaminophen level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acetaminophen (APAP) and Other Medical Treatment Guidelines Medscape Internal Medicine (2014).

Decision rationale: Mainly causing liver injury, Acetaminophen (APAP) toxicity is one of the most common causes of poisoning worldwide. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. In the US and the United Kingdom it is the most common cause of acute liver failure. A drug nomogram developed in 1975, estimates the risk of toxicity based on the serum concentration of APAP at a given number of hours after ingestion. To determine the risk of potential hepatotoxicity, the APAP level is traced along the nomogram. Use of a timed serum Acetaminophen level plotted on the nomogram appears to be the best marker indicating the potential for liver injury. In this case, there is no specific indication for an acetaminophen level. Medical necessity for the requested laboratory study has not been established. The requested Acetaminophen level is not medically necessary.

Glutamyltransferase, gamma (ggt) level: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Gamma-glutamyl transferase (also glutamyl transferase, GGT, GGTP) is an enzyme that transfers gamma-glutamyl functional groups. It is found in many tissues, the most notable one being the liver, and has significance in medicine as a diagnostic marker. GGT is predominantly used as a diagnostic marker for liver disease in medicine, latent elevations in GGT are typically seen in patients with chronic viral hepatitis infections often taking 12 months or more to present. Elevated serum GGT activity can be found in diseases of the liver, biliary system, and pancreas. In this respect, it is similar to alkaline phosphatase (ALP) in detecting disease of the biliary tract. In this case, there is no specific indication for a GGT level. Medical necessity for the requested test has not been established. The requested GGT level is not medically necessary.

Hydrocodone and metabolite serum level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Metabolites are the intermediates and products of metabolism. The term metabolite is usually restricted to small molecules. Metabolites have various functions, including fuel, structure, signaling, stimulatory and inhibitory effects on enzymes, catalytic activity of their own (usually as a co-factor to an enzyme), defense, and interactions with other organisms (e.g. pigments, odorants, and pheromones). There is no indication for Hydrocodone and metabolite serum levels. The patient is being monitored with the use of a urine drug screen. Medical necessity for the requested studies has not been established. The requested studies are not medically necessary.

Complete metabolic panel (Chem 20): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: The comprehensive metabolic panel, or chemical screen, (CMP) is a panel of 14 blood tests which serves as an initial broad medical screening tool. The CMP provides a rough check of kidney function, liver function, diabetic and parathyroid status, and electrolyte and fluid balance. In this case, there is no specific indication for the requested laboratory study. Medical necessity for the requested CMP has not been established. The requested CMP is not medically necessary.