

<b>Case Number:</b>	CM15-0210479		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 39 year old male, who sustained an industrial injury on September 29, 2014. The injured worker was diagnosed as having facet arthralgia, diabetes, myalgia and myositis unspecified, other pain disorders related to psychological factors, depression, anxiety state unspecified, lumbar spine spondylosis, chronic pain secondary to trauma, neck pain, current opioid analgesic therapy, unspecified essential hypertension, and cervical disc disorder with radiculopathy. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, status post radiofrequency ablation to the cervical spine, use of ice, magnetic resonance imaging of the cervical spine, status post cervical epidural steroid injection at cervical seven through thoracic one, and x-ray of the cervical spine. In a progress note dated September 25, 2015 the treating physician reports complaints of "severe" pain to the neck along with aching, burning, piercing, shooting, and deep pain to the left arm. Examination performed on September 25, 2015 was revealing for pain with range of motion to the left elbow and wrist along with hypoesthesia to the left arm from the shoulder to the pinky and ring fingers. On September 25, 2015 the injured worker's medication regimen included Percocet, Flexeril, Vyvanse, Metformin, Metoprolol Succinate ER, Fluoxetine, and Ambien. The injured worker's pain level was rated a 9 on scale of 0 to 10 without the use of his medication regimen and was rated a 7 on scale of 0 to 10 with the use of his medication regimen along with noting the level of pain interference with activities of daily living to be a 9 on scale of 0 to 10, but did not indicate the level of interference with the use of his medication regimen. The medical records provided included laboratory study report from February 27, 2015 that was positive for Amphetamine,

Flexeril, Oxycodone but with a low Oxycodone level, low Acetaminophen level, an elevated hematocrit level, an elevated alanine aminotransferase (ALT) level, and an elevated glucose level. On September 25, 2015 the treating physician requested a urine drug screen, urinalysis, complete blood count with differential and platelet count, gamma-glutamyl transferase (GGT), Acetaminophen and metabolite serum, and oxycodone and metabolite serum, noting current opioid analgesic therapy as a diagnosis. On October 05, 2015 the Utilization Review denied the requests for a urine drug screen, urinalysis, complete blood count with differential and platelet count, gamma-glutamyl transferase (GGT), Acetaminophen and metabolite serum, and oxycodone and metabolite serum.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Urine Drug Screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a urine drug screen for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. His pain is documented as well controlled at steady state with current medication use. Therefore, based on the submitted medical documentation, the request for drug screening is not-medically necessary.

#### **Urinalysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/ency/article/003579>.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The Official Disability Guidelines (ODG) state that urinalysis is recommended preoperatively for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should also be performed in patients with underlying chronic disease and those taking medications that

predispose them to electrolyte abnormalities or renal failure. In the clinical notes provided for review, the injured worker was diagnosed with chronic neck pain and hyperesthesias. He has no history of acute renal disease. There is no other documentation of other signs and symptoms to warrant a request for urine dipstick. Therefore, based on the submitted medical documentation, the request for urine dipstick is not medically necessary.

**CBC include diff/plt:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.aitlabs.com/blood-testing-article-2011.aspx>.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CBC testing with differential and platelet testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons for unexplained shoulder complaints." Although the medical documentation supports that the patient has chronic neck pain with hyperesthesias, the records submitted do not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. Evidence of anemia (macrocytic or otherwise) is not demonstrated on physical exam. Therefore, based on the submitted medical documentation, the request for CBC testing is not medically necessary.

**CGT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthline.com/health/gamma-glutamyl-transpeptidase#Overview1>.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of GGTP testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of hepatic insufficiency or hepatitis. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of liver disease. However, the patient's lab records indicate worsening intrinsic liver function, possibly related to tylenol use. Prior to

worsening liver function in the setting of ascites, RUQ pain, jaundice or biliary obstruction, assessment of a GGTP function is clinically appropriate. Therefore, based on the submitted medical documentation, the request for CGT testing is not-medically necessary.

**Chem 20 Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/chemistry-screen> and on the Non-MTUS <http://emedicine.medscape.com/article/287790-workup>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lab testing, metabolic panel.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." This patient has not been documented to have chronic medical diseases, which would affect both their hepatic and renal function. However, the medical records reflect that a metabolic panel earlier this year was normal except for minor LFT elevations. It is unclear why an LFT panel is not being ordered instead of the requested panel. Therefore, based on the submitted medical documentation, the request for Chem 20 testing is not-medically necessary.

**Acetaminophen & Metabolite Serum:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/820200-overview>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of a tylenol screen for this patient. The clinical records submitted do support the fact that this patient has been documented to have a positive drug screen for prescription and nonprescription substances that contain tylenol. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. However, the medical records support an abnormal elevation of his LFTs. This may be related to excessive tylenol use. A tylenol and metabolite panel screening is reasonable given the patient's new liver abnormalities. Therefore, based on the submitted medical documentation, the request for acetaminophen and metabolite serum screening is medically necessary.

## **Oxycodone & Metabolite Serum: Upheld**

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

<http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=18885&labCode=SJC> and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3550258> and on the Non-MTUS <https://www.aitlabs.com/blood-testing-article-2001.aspx>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a oxycodone screen for this patient. The clinical records submitted do support the fact that this patient has been documented to have a positive drug screen for prescription substances that contain oxycodone. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. The patient's drug screen was positive for oxycodone and the medical records reflect that the patient is medically prescribed this medication. A metabolite screen is not indicated in this scenario. Therefore, based on the submitted medical documentation, the request for oxycodone and metabolite serum screening is not medically necessary.