MAXIMUS Federal Services

Case Number:	CM15-0040865		
Date Assigned:	03/11/2015	Date of Injury:	03/12/1996
Decision Date:	04/21/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/03/2015

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
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 72-year-old male, who sustained an industrial injury on March 12, 1996. The injured worker had reported neck, shoulder and back pain. The diagnoses have included status post cervical fusion, cervical disc protrusion with spinal stenosis, cervical radiculopathy, status post right shoulder arthroscopy, left shoulder internal derangement, lumbar herniated nucleus pulposus and cervicogenic headaches. Treatment to date has included medications, topical analgesics, epidural steroid injections, a home exercise program, physical therapy and a transcutaneous electrical nerve stimulation unit. Most current documentation dated June 18, 2014 notes that the injured worker complained of constant neck pain, which radiated to the right side of the neck and right upper extremity. He also complained of intermittent low back pain, which radiated into the bilateral lower extremities and intermittent bilateral shoulder pain with associated numbness and tingling of the upper extremities. Examination of the cervical spine revealed a decreased range of motion and a positive Spurling's and cervical compression tests bilaterally. Hoffman's test was also positive bilaterally. Sensation was decreased in the cervical five and cervical six dermatomes. The treating physician's recommended plan of care included a complete metabolic panel and confirmation of urine drug tests results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A.D.A.M Medical Encyclopedia [Internet], Comprehensive metabolic panel.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, Preoperative lab testing Medline Plus -w.nlm.nih.gov/medlineplus-states.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The patient is s/p cervical fusion at C5-6 and C6-7 and right shoulder arthrocopy on 03/20/09. The request is for comprehensive metabolic panel. Per 06/18/14 progress report, the patient is on Lortab and topical cream without side effects. Per 03/26/14 progress report, "basic metabolic panel on 01/15/14, reveals elevated glucose levels at 103, which should be less than 100. Liver function tests were all within normal limits. Urinanlysis reveals 1X ketones. Complete blood count reveals low red blood cell count at 4.16, low hemoglobin at 12.1 and low hematocrit at 37.3." The patient's work statue is unknown. MTUS guidelines do not discuss Comprehensive Metabolic Panel (CMP). ODG guidelines, under Low back Chapter, Preoperative lab testing topic, do not recommend it unless there is a meaningful clinical evidence that the patient has some kind of organic illness.Medline Plus -w.nlm.nih.gov/medlineplus-states that CMP is used to check liver, kidney, blood sugar, cholesterol, Ca, Protein and electrolytes. It's a lab performed during a routine health checkup.In this case, none of the reports indicate why CMP is needed. There is no documentation of any organic illness for which CMP would be indicated. Chronic pain patients do not require routine labs unless there is a specific reason for it such as medication management, rheumatologic or other health issue work-up, pre-operative evaluation, etc. No such context is provided in this request. The request IS NOT medically necessary.

Final confirmation of urine drug test results: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids, On-Going Management Page(s): 43, 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for final confirmation of urine drug test results. The patient underwent basic metabolic panel on 01/15/14 along with Urinanlysis revealing 1X ketones. The utilization review letter on 01/28/15 indicates that the patient has been on Norco. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent

Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the treater does not explain why a repeat UDS is being requested. There is no opiate risk profile on this patient. While periodic UDS's are recommended as part of opiate management, for low risk, once a year UDS is all that is recommended per ODG. Given the previous UDS was on 01/15/14 and the patient's chronic opiate use, the request IS medically necessary.