

Case Number:	CM15-0081287		
Date Assigned:	05/04/2015	Date of Injury:	10/07/2002
Decision Date:	06/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/28/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 (IW) is a 69-year-old female who sustained an industrial injury on 10/07/2002. Diagnoses include possible complex regional pain syndrome, upper extremity, history of bilateral carpal tunnel release and chronic pain syndrome involving the bilateral wrists and hands, status post cumulative trauma. Treatment to date has included medications and surgery. According to the office notes dated 12/5/14, the IW reported burning pain in the bilateral wrists and hyperalgesia; she rated the pain 7/10. She reported her oral and topical medications decreased her pain and increased her functional level. A request was made for basic metabolic panel (BMP) and serum toxicology due to chronic medication use and to check for compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic metabolic panel: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS guidelines state, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended." A BMP with LFT's (Liver Function Tests) has been requested. The requesting physician wrote a letter clarifying his intent. He states that this blood test is needed since the patient takes chronic opiate medications that have an acetaminophen component (Vicodin/Norco.) It is also noted in the records that she has been using Voltaren Gel (an NSAID.) He is correct that periodic monitoring is recommended, and is in accordance with California MTUS guidelines. This request is considered medically necessary and reasonable.

Serum toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. The documentation does not indicate any evidence of aberrant behavior. This request is specifically for a serum drug screen. The requesting physician has submitted a letter clarifying that a serum drug screen is being requested as the patient has a urinary condition for which she is seeing a Urologist that will not allow her to give a urine specimen in the office. Also, he notes that oral drug screens have been unsuccessful due to the patient having severe dry mouth. In light of this additional information, a serum drug screen does seem to be a reasonable approach, and appears to be the requesting physician's only option. Therefore, it is the finding of Independent Medical Review that this request for serum drug testing is considered medically necessary.