

Case Number:	CM14-0085742		
Date Assigned:	07/23/2014	Date of Injury:	11/12/2003
Decision Date:	06/29/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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: Internal Medicine

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 63 year old female with an industrial injury dated 11/12/2003. Her diagnoses included bilateral shoulder impingements, pain in joint involving shoulder region, pain in joint involving pelvic region and thigh, total hip replacement and chronic pain syndrome. She presents on 05/12/2014 for medication management. She complains of pain in neck, arms, legs and low back. She reports pain without medications as 8/10 and with medications 3/10. Physical exam revealed antalgic gait, coordination intact and fine motor skills were normal. Her affect was normal. She demonstrated appropriate mood and affect. The provider documents the injured worker has good relief with her medications. Treatment plan included pain medication and laboratory tests to include complete blood count, chemistry, urinalysis, thyroid testing and medication levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab test, Chem 19: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab monitoring, with NSAID use Page(s): 72.

Decision rationale: Lab test, Chem 19 may be appropriate with NSAID use. There are no evidence based guidelines that support to check chemistry panels with long term opioid use. Review of this patient's medical records reveal long-term opioid use and no chronic use of NSAID. Therefore, Chem 19 is not warranted at this time.

Lab test, TSH (thyroid - stimulating hormone): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission, Thyroid function tests: diagnoses and monitoring of thyroid function disorders in adults. Victoria (BC): British Columbia Medical Services Commission; 2010 Jan 1. 6 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate / Thyroid function tests.

Decision rationale: California MTUS/ ACOEM Practice Guidelines do not specifically address this and therefore alternative guidelines are referenced. American College of Physicians (ACP) suggests office screening of women older than 50 yrs. may be indicated. The injured worker (although more than 50) has no signs and symptoms of Thyroid Disease and is not on medications that require Thyroid function monitoring. Also the test has no relationship to the industrial injury of this worker.

Urine analysis: 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 (Chronic) Urine drug testing (UDT).

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

Decision rationale: Urine analysis is not indicated, there is no mention of any complaints in Medical Records that will require urine analysis. For urine drug testing please see Rationale in next item below

Lab test, EIA9 w/GCMS 4/Fentanyl/Meperidine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Opioids, tools for stratification & monitoring.

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

Decision rationale: Urine drug testing is not necessary at this time, as the worker is not experiencing any aberrant behavior. Although the worker has past drug misuse history, she was noted to have a consistent urine drug screen 2 months ago. For such individuals ODG recommend Urine drug testing two to three time a year, unless it appears the patient is exhibiting concerns for active substance abuse.

Lab test, CBC (complete blood count): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab monitorig with Use of NSAID Page(s): 72.

Decision rationale: CBC may be appropriate with NSAID use. There are no evidence based guidelines that support to check Complete Blood Counts (CBC) panels with long term opioid use. Review of this worker's medical records reveals long-term opioid use and no recent persistent use of NSAIDS. Therefore, CBC is not warranted at this time.