

Case Number:	CM15-0164239		
Date Assigned:	09/01/2015	Date of Injury:	09/18/2014
Decision Date:	11/17/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of September 18, 2014. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve requests for comprehensive metabolic panel (CMP) tests at a rate of three times a month over six months and a request for urinalysis, also at a rate of three times a month over six months. The claims administrator referenced an RFA form dated July 14, 2015 in its determination, along with a progress note dated June 12, 2015. The applicant's attorney subsequently appealed. On an RFA form dated July 14, 2015, electrodiagnostic testing of lower extremities, CMP testing at a rate of three times a month over six months, Fexmid, Neurontin, tramadol, and urinalysis, also at a rate of three times a month over six months were all seemingly endorsed. On an associated progress note dated June 8, 2015, the applicant reported ongoing complaints of low back pain radiating into the lower extremities, 7/10. The attending provider stated that the applicant's pain complaints were appropriately attenuated with ongoing medication consumption. The applicant's work status was not detailed. A CMP test and urine drug testing were seemingly endorsed. The applicant's medication list included Naprosyn, Prilosec, Fexmid, Neurontin, and tramadol, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP lab, 3 times a month over 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: No, the request for a CMP (comprehensive metabolic panel) laboratory test three times a month over six months was not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggested laboratory monitoring in applicants using NSAIDs includes periodic assessment of an applicant's CBC and chemistry profile to include liver and renal function testing, all of which would have been included in the comprehensive metabolic panel (CMP) at issue, page 70 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the interval of repeating that laboratory tests has "not been established." Here, neither the attending provider's July 14, 2015 RFA form nor the associated July 8, 2015 progress note established a clear or compelling rationale for such frequent CMP testing at a rate of thrice a month for each of the next six months. Therefore, the request was not medically necessary.

Urinalysis, 3 times a month over 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for a urinalysis (UA) at a rate of three times a month over six months was likewise not medically necessary, medically appropriate, or indicated here. While MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311 does acknowledge that a urinalysis is recommended in applicants in whom there are red flags for cancer and/or infection present, here, however, there was no mention of the applicant's having red flags for cancer and/or infection present either on the July 14, 2015 RFA form or on the July 8, 2015 office visit at issue. There is no mention of the applicant's having symptoms such as polyuria, dysuria, hematuria, etc., which would call into question of possibly urinary tract infection for which the urinalysis in question would have been indicated. As with the preceding request, the attending provider likewise failed to furnish a clear or compelling rationale for such frequent urinalysis testing at a rate of thrice monthly, particularly in the face of the applicant's lack of any symptoms suggestive of a urinary tract infection. Therefore, the request was not medically necessary.