

Case Number:	CM15-0175895		
Date Assigned:	09/17/2015	Date of Injury:	06/12/1999
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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, Pain Management

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(n) 52 year old male, who sustained an industrial injury on 6-12-99. The injured worker was diagnosed as having lumbar spinal stenosis, lumbar spondylosis with myelopathy and post-lumbar laminectomy syndrome. The physical exam (2-20-15 through 7-28-15) revealed 6-10 out of 10 pain without medications and 3-5 out of 10 pain with medications, unstable gait and a positive straight leg raise test. Treatment to date has included a spinal cord stimulator trial, a TENS unit, aqua therapy and exercise. Current medications include Saphris, Celebrex, Fentanyl, Lidoderm patch, Lyrica, Tramadol and Zanaflex. The injured worker had a chem panel, liver panel and a CBC with differential and platelet count with normal results on 2-20-15. He also had a Fentanyl and Norfentanyl serum level showing low levels of Fentanyl on 2-20-15. As of the PR2 dated 8-26-15, the injured worker reports back pain. He rates his pain 4 out of 10 with medications and 9 out of 10 without medications. The treating physician noted "moderately" reduced lumbar range of motion. The treating physician requested a chem 20 panel, a liver panel, a CBC with differential and platelet and a Fentanyl and Norfentanyl serum. The Utilization Review dated 9-2-15, non-certified the request for a chem 20 panel, a liver panel, a CBC with differential and platelet and a Fentanyl and Norfentanyl serum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chem 20 panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/cmp/tab/glance>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Chem 20 panel, California MTUS and ACOEM do not contain criteria for this request. ODG states that CBC and chemistry profile are recommended for patients taking NSAID medications. Within the documentation available for review, it appears the patient is taking NSAID medication (Celebrex). Additionally, it does not appear that any recent lab work has been performed. As such, the currently requested Chem 20 panel is medically necessary.

Liver panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Liver panel, California MTUS and ACOEM do not contain criteria for this request. ODG states that CBC and chemistry profile including liver panel are recommended for patients taking NSAID medications. Within the documentation available for review, it appears the patient is taking NSAID medication (celebrex). Additionally, it does not appear that any recent lab work has been performed. As such, the currently requested Liver panel is medically necessary.

CBC (complete blood count), including differential and platelet: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo/hw4260.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for CBC (complete blood count), including differential and platelet, California MTUS and ACOEM do not contain criteria for this request. ODG states that CBC and chemistry profile are recommended for patients taking NSAID

medications. Within the documentation available for review, it appears the patient is taking NSAID medication (Celebrex). Additionally, it does not appear that any recent lab work has been performed. As such, the currently requested CBC (complete blood count), including differential and platelet is medically necessary.

Fentanyl and Norfentanyl serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for Fentanyl and Norfentanyl serum, CA MTUS Chronic Pain Medical Treatment Guidelines do not contain criteria for this test. Guidelines do state that Urine Drug Screening is recommended as an option to improve compliance. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it is clear the patient is using opiate pain medication. However, the requesting physician has not identified why he is requesting serum studies as opposed to a more standard urine drug screen to evaluate this patient for compliance. Urine drug screening is generally preferred as it is able to identify medications, which have not been prescribed as well as the use of illicit substances. In the absence of clarity regarding those issues, the currently requested Fentanyl and Norfentanyl serum is not medically necessary.