

Case Number:	CM15-0047520		
Date Assigned:	04/13/2015	Date of Injury:	02/15/2000
Decision Date:	05/27/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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, Montana

Certification(s)/Specialty: Internal Medicine, Infectious Disease

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 58 year old female, who sustained an industrial injury on February 15, 2000. The mechanism of injury involved repetitive activity. The injured worker indicated that she also felt a pop in the right arm when lifting a tote. The injured worker was diagnosed as having chronic reflex sympathetic dystrophy upper extremity and chronic pain due to trauma. The injured worker is status post shoulder repair, ulnar nerve transposition, and carpal tunnel release. Treatment to date has included short-acting and long-acting opioid pain medications. On December 22, 2014, the injured worker reported right shoulder pain that radiates down to the neck and right arm, which is improving. The pain is described as aching, piercing, sharp, throbbing, diffuse, deep, discomforting, numbness, shooting, and stabbing. The physical exam revealed right shoulder atrophy with a hyperthermic, hyperalgesic, and erythematous scar. The treatment plan includes lab work: Complete Blood Count, urinalysis complete, Acetaminophen, Oxycodone & Metabolite Serum, EIA9 with alcohol + reflex urine, Thyroid Stimulating Hormone (TSH), and Morphine-Serum Valencia (cutoff 10-80). There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC EIA9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association for Clinical Chemistry, Chemistry Panels.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The request for a CBC EIA9 is for the purpose of drug abuse monitoring. Within the documentation provided, there was no evidence of a prior POC, nor any indication that this injured worker was at high risk for misuse of medication. The medical necessity has not been established in this case. As such, the request is not appropriate at this time.

CBC TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association for Clinical Chemistry, Chemistry Panels.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry, Last modified on April 29, 2014.

Decision rationale: According to the American Association of Clinical Chemistry, a thyroid panel is used to screen for or to help diagnosis hypo and hyperthyroidism due to various thyroid conditions. In this case, there were no signs or symptoms suggestive of an abnormality due to a thyroid condition. The medical necessity for the requested laboratory testing has not been established in this case. There is no evidence of a prior medical history significant for hyperthyroidism or hypothyroidism. As the medical necessity has not been established, the request is not medically appropriate at this time.

CBC morphine-serum valencia (cutoff 10-80): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association for Clinical Chemistry, Chemistry Panels.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The request for a CBC EIA9 is for the purpose of drug abuse monitoring. Within the documentation provided, there was no evidence of a prior POC, nor any indication that this injured worker was at high risk for misuse of medication. The medical necessity has not been established in this case. As such, the request is not appropriate at this time.

CBC acetaminophen oxycodone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association for Clinical Chemistry, Chemistry Panels.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The request for a CBC EIA9 is for the purpose of drug abuse monitoring. Within the documentation provided, there was no evidence of a prior POC, nor any indication that this injured worker was at high risk for misuse of medication. The medical necessity has not been established in this case. As such, the request is not appropriate at this time.

CBC metabolic serum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association for Clinical Chemistry, Chemistry Panels.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The request for a CBC EIA9 is for the purpose of drug abuse monitoring. Within the documentation provided, there was no evidence of a prior POC, nor any indication that this injured worker was at high risk for misuse of medication. The medical necessity has not been established in this case. As such, the request is not appropriate at this time.