

<b>Case Number:</b>	CM15-0065998		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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

### 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 56-year-old male, who sustained an industrial injury on 3/2/2010. He reported neck, low back, left upper extremity, and left lower extremity pain. The injured worker was diagnosed as having cervical and lumbar disc disease. Treatment to date has included urine drug screening, medications, magnetic resonance imaging, and lumbar epidural injection. The request is for a hepatic function panel, and a renal function panel. A PR-2 dated 2/27/2015, indicates he complained of cervical spine, lumbar spine, right hand, right arm, and left hip pain. He rated his neck pain as 6-7/10, low back pain as 7-9/10, right hand and left hip pain are rated 6-8/10. He had an epidural injection one week earlier, and has had significant improvement in his low back. He reported increasing pain in his neck. The treatment plan included request for electrodiagnostic studies, and continuation with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Hepatic function panel:** Upheld

**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 periodic lab monitoring Page(s): 70.

**Decision rationale:** Based on the 02/27/15 progress report provided by treating physician, the patient presents with pain to cervical spine, lumbar spine, right hand, right arm, and left hip, rated 6-9/10. The request is for 1 hepatic function panel. No RFA provided. Patient's diagnosis on 02/27/15 included cervical and lumbar disc disease. Treatment to date has included physical therapy, home exercise program, imaging studies, lumbar epidural injection, and medications. Patient's medications include MSER, Roxicodone, Oxymorphone and Gabapentin. Urine drug tests reports dated 09/24/14, 10/22/14 and 03/20/15 were provided. The patient is currently not working, per 02/27/15 treater report. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Treater has not discussed reason for the request, nor provided patient risk assessment. A med panel can be useful in examining a patient's overall hepatic and renal function. However, there is no documentation that patient presents with high risk factors such as hypertension, diabetes, or kidney/liver disease. It appears treater is ordering medical panel as routine procedure. Furthermore, there is no documentation that patient is currently on NSAID therapy. Therefore, the request is not medically necessary.

**1 Renal function panel:** Upheld

**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 periodic lab monitoring, drug testing Page(s): 70, 43. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine Drug Testing.

**Decision rationale:** Based on the 02/27/15 progress report provided by treating physician, the patient presents with pain to cervical spine, lumbar spine, right hand, right arm, and left hip, rated 6-9/10. The request is for 1 renal function panel. No RFA provided. Patient's diagnosis on 02/27/15 included cervical and lumbar disc disease. Treatment to date has included physical therapy, home exercise program, imaging studies, lumbar epidural injection, and medications. Patient's medications include MSER, Roxicodone, Oxymorphone and Gabapentin. The patient is currently not working, per 02/27/15 treater report. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to

assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Treater has not discussed reason for the request, nor provided patient risk assessment. A med panel can be useful in examining a patient's overall hepatic and renal function. However, there is no documentation that patient presents with high risk factors such as hypertension, diabetes, or kidney/liver disease. It appears treater is ordering medical panel as routine procedure. If treater's intent was for urine drug screen, ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Urine drug tests reports dated 09/24/14, 10/22/14 and 03/20/15 were provided, and another UDS would be excessive. Therefore, the request is not medically necessary.