MAXIMUS Federal Services

Case Number:	CM15-0091093		
Date Assigned:	05/15/2015	Date of Injury:	06/12/2008
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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: New York
Certification(s)/Specialty: Emergency 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 61 year old male, who sustained an industrial injury on 06/12/2008. He reported sustaining injuries to the neck and left shoulder secondary to involvement in a motor vehicle accident. The injured worker was diagnosed as having chronic opioid analgesic therapy, chronic neck pain, cervical spinal stenosis, chronic cervical degenerative disc disease, and cervical spondylosis without myelopathy. Treatment and diagnostic studies to date has included physical therapy, chiropractic therapy, injections to the facets and medial branch blocks, use of a heating pad, massage, and medication regimen. In a progress note dated 04/07/2015 the treating physician reports complaints of aching, piercing, sharp, stabbing, deep, diffuse pain to the neck, left shoulder, and left arm with numbness. The pain is noted to radiate to the left arm, upper back, and left elbow. The pain level is rated a 10 on a scale of 0 to 10 without his medication regimen and a 9 out on a scale of 0 to 10 with his medication regimen. The injured worker is also noted to be able to perform minimal activities and simple chores both in and out of the house with medication regimen. The injured worker's current medication regimen includes Ibuprofen, Fentanyl Transdermal Patch, and Norco. The treating physician requested laboratory studies of a complete blood count with differential and platelets, Acetaminophen, Fentanyl and Norfentanyl serum, Hydrocodone and metabolite serum, liver panel, and a complete urinalysis for the diagnosis of chronic opioid analgesic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC including differential and platelet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/12710004 - J Perianesth Nurs. 2003 Apr; 18(2): 96-114; quiz 115-7. Understanding the complete blood count with differential.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://labtestsonline.org/understanding/analytes/cbc/tab/test.

Decision rationale: CA MTUS and official disability guidelines are silent on this topic. Complete blood count testing is used as a screening test to evaluate three types of cells in the body. These cells include cells of the immune defense system, oxygen carrying cells, and ells used in blood clotting. The IW does not have any symptoms or exam findings to suggest abnormalities in any of these systems. For example, there are no concerns for anemia, infection, fatigue, bleeding or other complaints that would suggest concern for abnormal complete blood test results. Without supporting documentation, the request is not justified. As such, the request is not medically necessary.

Serum Fentanyl and Norfentanyl: 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 Opioids Page(s): 43; 77-80.

Decision rationale: Medical necessity for a drug screens is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. The MTUS recommends random drug testing, not at scheduled office visits. The treating physician has not discussed the presence of any actual random testing and details of previous testing have not been provided. Urine drug screens are accepted standard test for medication compliance. It is unclear from the records why a serum test has been request instead of the accepted urine testing. Without supporting documentation, serum fentanyl and norfentanyl testing is not medically necessary.

Acetaminophen Lab Test: 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 Opioids Page(s): 43; 77-80.

Decision rationale: Medical necessity for a drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. The MTUS recommends random drug testing, not at scheduled office visits. The treating physician has not discussed the presence of any actual random testing and details of previous testing have not been provided. Acetaminophen is a component of the narcotic medication being prescribed for this IW. The rationale for a serum acetaminophen test is not clear from the submitted documentation. Urine drug screens are accepted standard test for medication compliance. If the test is being conducted to monitor for compliance, a urine test for the opiate component of the prescribed medication is adequate. Serum acetaminophen testing is therefore not medically necessary.

Serum Hydrocodone and Metabolite: 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 Opioids Page(s): 43; 77-80.

Decision rationale: Medical necessity for a drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. The MTUS recommends random drug testing, not at scheduled office visits. The treating physician has not discussed the presence of any actual random testing and details of previous testing have not been provided. Urine drug screens are accepted standard test for medication compliance. It is unclear from the records why a serum test has been request instead of the accepted urine testing. Without supporting documentation, serum hydrocodone and metabolite is not medically necessary.

Complete Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/ 15791892 - Am Fam Physician. 2005 Mar 15; 71 (6): 1153-62. Urinalysis: a comprehensive review.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://labtestsonline.org/understanding/analytes/ urinalysis/tab/test.

Decision rationale: CA MTUS and ODG are silent on this topic. According to the cited reference, urinalysis is a laboratory test used to evaluate for metabolic d kidney disorders. The IW does not have any disorders that are known to have effects on the kidneys. Additionally, the IW does not have a documented history of renal disease. There is no subjective or objective findings that create suspicion for kidney dysfunction. It is unclear from the documentation why

the provider is requesting this test. Without this documentation, the request for a urinalysis is not medically necessary.

Liver Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/18516000 - Korean J Gastroenterol. 2008 Apr; 51 (4): 219- 24 [Interpretation of liver function tests].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list and adverse effects Page(s): 70.

Decision rationale: The MTUS provides direction for some kinds of testing as monitoring of medication toxicity. Testing as per the FDA recommendations would be indicated. However, the requested test is a liver panel, which implies some number and variety of tests to assess aspects of the liver. As requested, the liver panel could include a large variety of tests, some of which may not be indicated. There is no subjective or objective findings that create suspicion for liver dysfunction. It is unclear from the documentation why the provider is requesting this test. As requested, the liver panel is not medically necessary.