

<b>Case Number:</b>	CM13-0002488		
<b>Date Assigned:</b>	07/25/2013	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 34 year-old male, employed as a machinist. The date of hire is February 16, 2009. The date of injury was December 14, 2012. The mechanism of injury is not noted. The accepted injury is to the lower back. The current diagnoses are: GERD; abdominal pain; taking high risk medication; medication induced gastritis; cervicogenic headaches; constipation. Treatment has included: Diagnostics; medications (Norco and Naproxen). In the most recent report on file, dated June 12, 2013, [REDACTED] notes: Subjective: Patient reports abdominal pain and constipation with the pain medications. The pain is dull and gnawing and centered on the epigastric region of the abdomen. Before taking medication for the pain from his work injury, the patient did not have abdominal pain. The pain is 5/10 pain that is worsened with pain medication intake and does not radiate. The patient is exercising as tolerated and tries to eat a healthy diet. Patient denies any traumatic injury to the abdomen, fever, or chills. He also admits to constipation. Patient reports headaches that have been occurring for months. He feels that the pain originates from his neck and pulls forward bilaterally from, his occiput to his frontalis muscles. He describes 8-9/10 headaches that are occasionally throbbing, but usually dull and constant. He denies on changes, tinnitus, dizziness or emesis. He does not currently take a headache medication. Prior to his industrial injury, he did have a history of migraine headaches. The current headaches involve his neck and prior to the industrial injury the headaches did not have this characteristic. Objective: GI: Soft tenderness to palpation of epigastrium is noted. There is tenderness elicited with palpation of the bilateral suboccipital triangles. Blood pressure is 143/82."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fasting CBC, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** California MTUS indicates, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Given that the patient presented with no abnormalities evidenced via last CMP and CBC performed on 05/31/2013, it is unclear why the provider ordered repeat blood draws less than a month later. Given all the above, the request for fasting CBC, #1 is not medically necessary or appropriate

**Fasting CRP, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** California MTUS indicates, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Given that the patient presented with no abnormalities evidenced via last CMP and CBC performed on 05/31/2013, it is unclear why the provider ordered repeat blood draws less than a month later. Given all the above, the request for fasting CRP, #1 is not medically necessary or appropriate.

**Fasting ESR, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** California MTUS indicates, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been

established." Given that the patient presented with no abnormalities evidenced via last CMP and CBC performed on 05/31/2013, it is unclear why the provider ordered repeat blood draws less than a month later. Given all the above, the request for fasting ESR #1 is not medically necessary or appropriate.

#### **H. Pylori stool Ag & Ab, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Lab Tests online.

**Decision rationale:** California MTUS indicates, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The provider failed to document a rationale for the specific laboratory test H. pylori stool Analgesic and Abnormal. The documentation continues to lack evidence to support this requested additional test. Therefore, given the above, the request for H. pylori stool, Ag and Ab #1 is not medically necessary or appropriate.

#### **Serum acetaminophen, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** California MTUS indicates, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Given that the patient presented with no abnormalities evidenced via last CMP and CBC performed on 05/31/2013, it is unclear why the provider ordered repeat blood draws less than a month later. Given all the above, the request for serum acetaminophen, #1 is not medically necessary or appropriate.

#### **Serum salicylate, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** California MTUS indicates, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Given Final Determination Letter for IMR Case Number CM13-0002488 5 that the patient presented with no abnormalities evidenced via last CMP and CBC performed on 05/31/2013, it is unclear why the provider ordered repeat blood draws less than a month later. Given all the above, the request for serum salicylate, #1 is not medically necessary or appropriate.