

Case Number:	CM13-0012547		
Date Assigned:	07/02/2014	Date of Injury:	10/09/2007
Decision Date:	08/05/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported an injury on 10/09/2007. The mechanism of injury was a fall. His diagnoses include right shoulder rotator cuff tear, cervical spine arthritis, impingement syndrome of the shoulder, bilateral carpal tunnel syndrome, and abdominal pain. Previous treatments included physical therapy, medications, injections, and acupuncture. Within the clinical note dated 07/10/2013, the injured worker had complaints of right shoulder pain and pain in his neck radiating to the upper and mid back. He reported he had numbness and tingling in the right hand that radiated down his right arm. The injured workers medications include naproxen 500 mg, within the clinical note dated 09/09/2013, the physician reported the chemical panel including a CBC with a differential within normal limits. Within the most recent clinical notes dated 10/02/2013, the current request is for a CM (Comprehensive Metabolic) panel to monitor NSAID use. The request for authorization was provided on 07/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM Panel to monitor NSAID use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70.

Decision rationale: The California MTUS Guidelines indicate that patients taking NSAIDs are recommended for a period of 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. As the clinical documentation reported the injured worker was on NSAID's that would support periodic monitoring. The clinical documentation indicated the patient's lab panels were within normal limits. In absence of the rationale to indicate why additional lab monitoring would be required, the request is not supported. As such, the CM panel to monitor NSAID use is not medically necessary.