

<b>Case Number:</b>	CM13-0040180		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic Surgery 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 patient is a 47 year old female who initially presented with low back and left knee pain. The clinical note dated 08/08/11 indicates the patient stating that lifting, pushing, pulling, and twisting activities exacerbate her low back pain. The note indicates the patient working with restrictions. The patient was also undergoing a home exercise program. The clinical note dated 10/10/11 indicates the patient able to demonstrate 110 degrees of flexion at the left knee. The note indicates the patient having been recommended for repeat labs to include a CBC, urinalysis, hepatic function, and a chem 8 panel. The reasoning behind the repeat labs was to ensure the patient was metabolizing and excreting the prescribed medications. The clinical note dated 04/09/12 indicates the patient utilizing the prescribed medications during her work hours. The note indicates the patient having a low suspicion of drug misuse. The clinical note dated 10/24/13 indicates the patient able to demonstrate 80 degrees of lumbar flexion, 15 degrees of extension, and 20 degrees of bilateral rotation. Range of motion deficits continued at the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HEPATIC PANEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Effects, Page(s): 70. Decision based on Non-MTUS Citation FDA Medication Guide.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.) FISCHBACH FT, DUNNING MB III, EDS. (2009). MANUAL OF LABORATORY AND DIAGNOSTIC TESTS, 8TH ED. PHILADELPHIA: LIPPINCOTT WILLIAMS AND WILKINS. 2.) PAGANA KD, PAGANA TJ (2010). MOSBY'S MANUAL OF DIAGNOSTIC AND LABORATORY TESTS, 4TH ED. ST. LOUIS: MOSBY ELSEVIER.

**Decision rationale:** The documentation indicates the patient complaining of left knee and low back pain. The clinical notes indicate the patient utilizing her prescribed medications as directed. The clinical notes further indicate that the patient is a low risk for drug misuse. Given these findings, this request is not indicated as no information was submitted confirming the need for a Hepatic Panel. The request for Hepatic Panel is not medically necessary.

**CHEM 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Effects, Page(s): 70. Decision based on Non-MTUS Citation FDA Medication Guide.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.) FISCHBACH FT, DUNNING MB III, EDS. (2009). MANUAL OF LABORATORY AND DIAGNOSTIC TESTS, 8TH ED. PHILADELPHIA: LIPPINCOTT WILLIAMS AND WILKINS. 2.) PAGANA KD, PAGANA TJ (2010). MOSBY'S MANUAL OF DIAGNOSTIC AND LABORATORY TESTS, 4TH ED. ST. LOUIS: MOSBY ELSEVIER.

**Decision rationale:** The clinical notes indicate the patient utilizing her prescribed medications as directed. The clinical notes further indicate that the patient is a low risk for drug misuse. Given these findings, this request is not indicated as no information was submitted confirming the need for the Chem 8 panel. The request for Chem 8 is not medically necessary.

**CBC (COMPLETE BLOOD COUNT):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Effects Page(s): 70. Decision based on Non-MTUS Citation FDA Medication Guide.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.) FISCHBACH FT, DUNNING MB III, EDS. (2009). MANUAL OF LABORATORY AND DIAGNOSTIC TESTS, 8TH ED. PHILADELPHIA: LIPPINCOTT WILLIAMS AND WILKINS. 2.) PAGANA KD, PAGANA TJ (2010). MOSBY'S MANUAL OF DIAGNOSTIC AND LABORATORY TESTS, 4TH ED. ST. LOUIS: MOSBY ELSEVIER.

**Decision rationale:** The clinical notes indicate the patient utilizing her prescribed medications as directed. The clinical notes further indicate that the patient is a low risk for drug misuse. Given these findings, this request is not indicated as no information was submitted confirming the need for a CBC. The request for CBC is not medically necessary.