

Case Number:	CM13-0041753		
Date Assigned:	12/27/2013	Date of Injury:	01/28/2010
Decision Date:	02/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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. 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 59-year-old female who reported an injury on 01/28/2010. The mechanism of injury was not provided. The patient was noted to be on naproxen and a topical cream, and to be treated with a wrist brace. The patient's diagnoses were noted to include de Quervain's disease and tennis elbow, as well as biceps tendinitis of the shoulder. The request was made for lab work to monitor side effects of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete CBC with automated differential WBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Management of acute low back pain. Southfield, 2011, Sep. 1 p.

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

Decision rationale: California MTUS Guidelines indicate that 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. Clinical documentation submitted for review, while indicating the patient was to have lab work to monitor for side effects of medications, failed to provide official previous lab results. Given the above, the request for a complete CBC with automated differential WBC is not medically necessary.

Chem panel (liver and renal studies): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Management of acute low back pain. Southfield, 2011, Sep. 1 p.

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

Decision rationale: California MTUS Guidelines indicate that 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. Clinical documentation submitted for review, while indicating the patient was to have lab work to monitor for side effects of medications, failed to provide official previous lab results. Given the above, the request for chem panel (liver and renal studies) is not medically necessary.