

<b>Case Number:</b>	CM13-0044463		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/04/2013
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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 47-year-old female who was injured on October 2, 2011, when tripping over a mop bucket. The injured worker was diagnosed with left shoulder sprain. The current medications included ibuprofen and pentazocine. MRI of the lumbar spine on July 25, 2012, reported broad-based posterior and left paracentral as well as foraminal disc herniation at L4-L5, causing mild-to-moderate narrowing of the central canal and neural foramina bilaterally. Mild diffuse bulge was noted at L1-L2 and L2-L3. The injured worker has undergone physical therapy. A psychological evaluation was completed on April 25, 2013. The evaluation performed on September 26, 2013, reported subjective complaints of stabbing low back pain with radiation to both legs. The injured worker was 5-feet, 4-inches and weighed 260-pounds. Range of motion of the lumbar spine was decreased. The records indicate the injured worker has a substance abuse history of marijuana and crack cocaine, and underwent a six-month inpatient program while in her 30's. The treating provider is initialing and medication program that includes Norco, gabapentin, and Anaprox. Prior to initiation these medications a CBC, CRP, Chem-8 and hepatic panel was indicated by the treating provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LAB: CBC,CRP,CHEM 8, HEPATIC AND ARTHRITIS PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDLINEPLUS  
[HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/ENCY/ARTICLE/003642.HTM](http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm).

**Decision rationale:** There is no report in the provided records of any history of metabolic inflammatory disorder, to indicate the need for an arthritis profile. The utilization review determination on October 4, 2013 had modified the request for laboratory testing. The reviewer had allowed the complete blood count, C-reactive protein, chemistry 8, and hepatic panel. The arthritis panel was the only laboratory result that was denied. The specific elements of the arthritis panel were not identified, and it is noted that arthritis panels are not uniform across all clinics. In general, hepatic function requires periodic monitoring for any patient on opiates and acetaminophen combinations. The chemistry panel is helpful in identifying renal function which can be affected by the patient's nonsteroidal anti-inflammatory medication. Furthermore, NSAIDs can lead to gastrointestinal ulcers, and periodic monitoring of patients hemoglobin and hematocrit in the complete blood count is advised. However, due to the lack of guideline support for the arthritis panel, the request, as a whole, is not medically necessary.