

Case Number:	CM13-0045066		
Date Assigned:	12/27/2013	Date of Injury:	01/28/2013
Decision Date:	04/14/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 46 year old male who sustained a work related injury on 01/28/2013. His diagnoses include low back pain with radiculopathy, and right upper extremity pain. He complains of constant 8/10 low back pain which is described as sharp and throbbing with right arm/elbow pain 8/10 with associated weakness, swelling, and numbness on exam right elbow flexion 120/140 degrees; positive toe/heel walk, straight leg lifts at 45 degrees and right sciatic nerve stretch test are positive. Treatment included medical therapy with nonsteroidal anti-inflammatory medications and opioids. The treating provider has requested a CBC, hepatic panel, arthritis panel, chem 8, CPK, and CRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC, HEPATIC PANEL, ARTHRITIS PANEL, CHEM 8, CPK AND CRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 33.

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

Decision rationale: There is no documentation provided necessitating the requested laboratory studies. Per the MTUS Chronic Pain Guidelines, periodic lab monitoring of a CBC and

chemistry profile is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. The claimant is maintained on NSAID and opioid therapy but there is no specific indication if the requested studies represent baseline or follow-up studies. There is no specific indication for an arthritis panel, CPK, and CRP. There is no history of inflammatory arthritis or myositis. Medical necessity for the requested laboratory studies has not been established. The request is therefore not medically necessary and appropriate.