

Case Number:	CM13-0046289		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2011
Decision Date:	08/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Interventional Spine 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 59 year old male with an injury date on 09/08/2011. According to this report, the patient with complains of low back pain. Lumbar paraspinals spasm and trigger points at L5, sciatic area, and iliac crest were noted. Range of motion was reduced by 50%. On 02/28/2013 report indicates the patient had L3-L4 fusion in 2011. The patient's current medications are Norco 7.5 and gabapentin. There were no other significant findings noted on this report. ■■■■■ is requesting Labs; complete blood count with diff, chem-18, and lipid profile. The utilization review denied the request on 10/29/2013. ■■■■■ is the requesting provider, and he provided treatment reports from 02/28/2013 to 05/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS: COMPLETE BLOOD COUNT WITH DIFF, CHEM-18, LIPID PROFILE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Laboratory monitoring for NSAID Page(s): 18-22, 70.

Decision rationale: According to the 10/12/2013 report by [REDACTED] this patient presents with low back pain. The physician is requesting complete blood count with diff, chem-18, and lipid profile. The patient's current medications are Norco and Gabapentin. The physician does not explain why these labs are being ordered. For chronic opiates use, MTUS does not discuss laboratory requirements. Given the tylenol content, a simple hepatic function may be appropriate. CBC is not required for chronic opiates use. MTUS support CBC monitoring for patients on Tegretol but this patient is not on Tegretol. There is no rationale for lipid profile and no guidelines that support lipid profile for opiate management. Gabapentin does not require any laboratory monitoring. For NSAIDs, CBC and chemistry profile is recommended (page 70, MTUS). However, the reports do not show that this patient is on NSAIDs. Therefore, the request for labs: complete blood count with diff, chem-18, lipid profile is not medically necessary and appropriate.