

Case Number:	CM13-0063006		
Date Assigned:	12/30/2013	Date of Injury:	10/01/1992
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 65-year-old male who reported an injury on 10/01/1992. The mechanism of injury was noted to be lifting. The patient is diagnosed with chronic intractable pain syndrome, post laminectomy syndrome, bilateral lumbosacral polyradiculopathy, and status post lumbar fusion from L2 through S1. The patient's symptoms include low back pain. His medications were noted to include Gabapentin, Lunesta, morphine sulfate, Motrin, MS Contin, Protonix, and Zanaflex. It was noted that the patient's previous test included a complete blood count (CBC) on 10/16/2013 and a complete metabolic panel (CMP) on 10/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE METABOLIC PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, routine monitoring for patients taking NSAID medications should include periodic lab monitoring of a CBC and chemistry profile. The clinical information submitted for review indicated that the patient had a

CBC on 10/16/2013 and a CMP on 10/17/2013. The documentation does not provide a rationale indicating why the patient needs repeat testing when he had these labs done in 10/2013. In the absence of further details regarding the request for repeated labs including a CBC and CMP, the request is not supported. As such, the request is not medically necessary and appropriate.

ONE CBC WITH DIFFERENTIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, routine monitoring for patients taking NSAID medications should include periodic lab monitoring of a CBC and chemistry profile. The clinical information submitted for review indicated that the patient had a CBC on 10/16/2013 and a CMP on 10/17/2013. The documentation does not provide a rationale indicating why the patient needs repeat testing when he had these labs done in 10/2013. In the absence of further details regarding the request for repeated labs including a CBC and CMP, the request is not supported. As such, the request is not medically necessary and appropriate.