

Case Number:	CM13-0066346		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2007
Decision Date:	05/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/16/2013

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 Virginia and Washington, DC. 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:

This is a 57 year old man who sustained a work-related injury on July 12, 2007. Following, he had multiple arthroscopic surgeries on his right shoulder for subacromial decompression. In addition, he had right wrist arthroscopic debridement on January 19, 2010, and left shoulder arthroscopic decompression and labral cuff debridement on May 12, 2011. [REDACTED] prescribed flexeril and tramadol. An MRI of the cervical spine was done on January 5, 2012 and showed disc space narrowing. [REDACTED] saw the patient on August 19, 2013 for pain in multiple sites, and prescribed ultram. [REDACTED] saw the patient on October 30, 2013 for multiple pain complaints to the neck, shoulders, back and feet. The treatment plan included physical therapy sessions and a possible cervical traction device. It was thought that the patient would need to have referral to gastroenterology for evaluation of gastric reflux. Lab testing was ordered to follow liver response to medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD TEST TO MONITOR BLOOD AND LIVER FUNCTION: Upheld

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

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

Decision rationale: Per MTUS guidelines, lab testing is addressed under NSAIDs. NSAIDs should never be used right before or after a heart surgery. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. 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 4-8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. However, this patient was not on an NSAID, and therefore did not have medical indication for lab testing. As such, the request is not medically necessary.