

<b>Case Number:</b>	CM14-0002632		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Texas. 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 53-year-old male who sustained an injury to his left hand/wrist on 02/02/09 after he cut his hand with a saw at work. It was also reported that the injured worker has some psychological issues secondary to the injury including depressive disorder, anxiety, eating disorder, sleep problems and long-term use of medications. He is currently taking Trazadone. It was reported that the injured worker is status quo and his mood is the same. The injured worker stated that he cannot tolerate his environment at all. He is nervous and he has anxiety attacks. Insomnia was also reported. It was recommended that the injured worker see a neurologist/psychologist for evaluation and treatment. MRI of the head has also been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**QUARTERLY LAB WORK: CBC, HEPATIC PANEL, CHEM 8 LAB:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

**Decision rationale:** The request for quarterly lab work: CBC, hepatic panel, chem 8 lab is not medically necessary. Previous request was denied on the basis that the 11/14/13 clinical note only reported the use of Trazodone and no other treatment. Requesting authorization for the injured workers quarterly labs and POC urine drug screen to make sure that the injured worker is able to safely metabolize and excrete the medications. Otherwise, there was no specific justification of medical necessity given. There was no additional significant objective clinical information provided that would indicate or support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for quarterly lab work: CBC, hepatic panel, chem 8 lab has not been established.