

<b>Case Number:</b>	CM14-0003971		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 52-year-old male who reported an injury on September 26, 2012. The mechanism of injury was not provided. The clinical note dated November 25, 2013 reported the injured worker complained of residual neck pain with positive numbness and tingling to forearms and he also reportedly stated his left ankle was not improving, it was giving out and it felt weak. He was back to using his brace. The physical examination reported the injured worker's upper extremity motor strength was within normal limits and his left ankle has 0 effusion. The diagnoses included cervical and left ankle sprain/strain and osteochondral lesion of the left ankle. The treatment was continued medication to include flexor patch, Lidoderm patch, a sample of Celebrex for pain, x-ray of left ankle, and request for CMP lab study due to prolonged medication. The request for authorization was submitted on 12/09/2013. A clear rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LABORATORY TEST-COMPREHENSIVE METABOLIC PANEL (CMP):** Overturned

**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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECTS, 70

**Decision rationale:** The injured worker has a history of neck pain and lower back pain treated with various NSAIDs since approximately March of 2013. The Chronic Pain Medical Treatment Guidelines recommends periodic lab monitoring of a CBC (complete blood count) and chemistry profile including liver and renal function tests for injured workers treated with NSAIDs on a long term basis. Based on the purpose of a comprehensive metabolic panel providing an overall picture of the body's chemical balance and metabolism, it is reasonable to request this lab study to determine how the injured worker is tolerating the continued use of his current medications. The request for a Laboratory test - CMP is medically necessary and appropriate.