

<b>Case Number:</b>	CM14-0006007		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/07/1997
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 64 year old male with a reported date of injury on 04/07/1997. The mechanism of injury reportedly occurred when the injured worker hit the back of his neck on an overhead rack. The injured worker's diagnoses included lumbar spine degenerative joint and disc disease, myofascial pain, cervical degenerative joint disease, post traumatic headache, GERD, and depression. The injured worker's past treatments included medications, physical therapy, psychiatric care and injections. The injured worker's diagnostic testing included and EMG and lumbar spine x-rays. No pertinent surgical history was provided. The injured worker was evaluated for a transfer of care on 07/03/2014. He complained of low back and neck pain. The clinician observed and reported a cervical spine focused examination and found tenderness to palpation at C4, C5, and C6. There was paraspinous spasm, trapezius trigger points, normal upper extremity reflexes, and occipital tenderness right greater than left. The sensory and motor examinations were normal with mildly restricted flexion, extension, and bilateral lateral rotation. The lumbar spine focused examination revealed tenderness to palpation at L4 and L5, bilateral paraspinous spasm, and L4 and L5 trigger points. The sacroiliac joint was non-tender. The skin, sensory, and motor examinations were normal. The range of motion was decreased by 25% and the injured worker had a normal gait. The medication regimen is unchanged since at least 01/03/2013. The injured worker's medications included gabapentin 600 mg three times per day, hyoscyamine sulfate 0.375 once daily, Limbrel 500/50 mg twice per day, Lunesta 3 mg at bedtime, meloxicam 15 mg once daily, olanzapine 5 mg twice per day, omeprazole, 20 mg twice per day, tramadol 50 mg four times per day, and venlafaxine ER 150 mg three times per day. The requests were for lab work-cbc with differential and lab work-complete chemistry. No rationale for the requests were provided. The request for authorization form was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LAB WORK-CBC WITH DIFFERENTIAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 70.

**Decision rationale:** The injured worker's medication regimen has not changed since at least 01/03/2013. The California MTUS Treatment Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) for patients taking NSAIDs. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The documentation provided did not include any lab results to determine when the last lab monitoring last occurred. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for Lab Work-CBC with Differential is not medically necessary.

### **LAB WORK-COMplete CHEMISTRY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The injured worker's medication regimen has not changed since at least 01/03/2013. The California MTUS Treatment Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) for patients taking NSAIDs. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The documentation provided did not include any lab results to determine when the last lab monitoring last occurred. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for Lab Work-Complete Chemistry is not medically necessary.