MAXIMUS Federal Services

Case Number:	CM14-0011755		
Date Assigned:	02/21/2014	Date of Injury:	03/14/2003
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 40 year old male patient who sustained injury on March 14, 2003 and then developed lower back pain. He underwent excisional debridement from the back area, removal of a small foreign body, and musculocutaneous flap closure. He then developed a pain syndrome at the surgical site. He was seen by [redacted] for lower back pain. On January 17, 2014, the patient had worsening lower back pain, weakness, and headaches. He was found to have gait abnormalities and decrease in sensation. He was prescribed Effexor, MS Contin, Gabapentin, Norco, and soma. Labs were ordered, including a CBC and CMP.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LABORATORY TEST FOR CBC (COMPLETE BLOOD COUNT) WITH DIFFERENTIAL AND 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 http://www.rxlist.com/neurontin-drug/side-effects-interactions.htm, and http://www.ncbi.nlm.nih.gov/pubmed/20205997.

Decision rationale: The ACOEM and MTUS offer no clear guidelines for lab surveillance in a patient receiving SNRIs, such as effexor, or for medications used to treat neuropathic pain, such as Gabapentin. The patient was on multiple medications which have unintentional side effects. Effexor has been found to cause leucopenia, and gabapentin can lead to renal insufficiency. CMP and CBC are indicated for surveillance screening purposes. As such, the request is medically necessary.