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| Case Number: | CM14-0018676 | | |
| Date Assigned: | 04/18/2014 | Date of Injury: | 09/04/2000 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 01/22/2014 |
| Priority: | Standard | Application Received: | 02/13/2014 |

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 Internal Medicine and is licensed to practice in Arizona. 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 44 year old woman with a work-related injury dated 1/22/2000. The injured worker has resulting chronic low back and shoulder pain. The primary provider encounter notes dated 11/18/13 and 1/6/14 are available for review. She is treated with oral analgesic medications including Norco (hydrocodone and acetamenophen) and tizanidine. She also uses topical anagesic medictions. On 1/6/14 she is noted to have continued pain 8/10 in the low back with radiation to both legs and the shoulder. The diagnosis include lumbosacral strain, sciatica, and myofascial pain/myositis. The exam shows decreased range of motion of the lumbar spine, motor strength 3-4/5 in bilateral legs and deep tendon reflex of in both patella. The plan of care includes checking serological studies including a CBC, Cr (kidney function), liver function panel and a metabolic panel. During utilization review dated 1/22/14 the CBC, Cr and liver function panel were denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC PANEL: 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 Uptodate.Com - Tizanidine Drug Information, Norco Drug Information, Topical Lidocaine Drug Information.

Decision rationale: The injured worker is not noted as having any medical problems. The medications she is taking orally include norco (hydrocodone and acetamenophine) and tizanidine. The MTUS is silent regarding laboratory monitoring of these medications. According to uptodate none of these medications require monitoring with a CBC (complete blood count). Furthermore the patient is not noted as having any underlying medical conditions that would require a CBC for monitorin, diagnosis or treatment. Therefore, the request is not medically necessary.

CREATININE: 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 Uptodate.Com - Tizanidine Drug Information, Norco Drug Information, Topical Lidocaine Drug Information.

Decision rationale: The injured worker is not noted as having any medical problems. The medications she is taking orally include norco (hydrocodone and acetamenophine) and tizanidine. The MTUS is silent regarding laboratory monitoring of these medications. According to uptodate patients treated with tizanidine should be monitored for elevation of hepatocellular enzymes and adjustments of the medications are necessary if the creatinine clearance is decreased. Medication monitoring includes check of blood pressure and monitoring of the liver enzymes and Cr. In this case the UR dated 1/22/14 approved a "metabolic panel" which will include both Cr and liver enzymes and therefore a duplication of services with separate lab tests is not medically necessary.

LIVER FUNCTION TEST: 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 Uptodate.Com - Tizanidine Drug Information, Norco Drug Information, Topical Lidocaine Drug Information.

Decision rationale: The injured worker is not noted as having any medical problems. The medications she is taking orally include norco (hydrocodone and acetamenophine) and tizanidine. The MTUS is silent regarding laboratory monitoring of these medications. According to uptodate patients treated with tizanidine should be monitored for elevation of hepatocellular enzymes and adjustments of the medications are necessary if the creatinine clearance is decreased. Medication monitoring includes check of blood pressure and monitoring

of the liver enzymes and Cr. In this case the UR dated 1/22/14 approved a "metabolic panel" which will include both Cr and liver enzymes and therefore a duplication of services with separate lab tests is not medically necessary.