

<b>Case Number:</b>	CM14-0110307		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 67-year-old female who reported an injury on 11/01/2006; the mechanism of injury was not provided. On 05/13/2014, the injured worker presented with a flare up of low back pain. Upon examination of the cervical spine, there was tenderness to palpation to the upper, mid, and lower paravertebral muscles. There was increased pain with cervical extension and a negative Spurling's test. The examination of the thoracic spine noted tenderness to palpation over the upper, mid, and lower paravertebral muscles and there was mild limitation of range of motion. Examination of the lumbar spine noted mild right lower muscle spasm and tenderness to palpation in the upper, mid, and lower paravertebral musculature. There was increased pain with lumbar extension and a straight leg raise and rectus femoris stress sign causes discomfort in the low back. There was decreased sensation in the bilateral lower extremities in the L5-S1 distribution and mild depression of the right ankle reflex. There was decreased sensation in the bilateral upper extremities. The diagnoses were cervical, thoracic, and lumbar spine strain, lumbar radicular syndrome, left lateral epicondylitis, status post straining injury of the left foot, status post right shoulder arthroscopy with arthroscopic subacromial depression, rotator cuff repair, and mini Mumford procedure, status post left shoulder arthroscopy with rotator cuff repair and lumbar disc protrusion at L3-4, L4-5, and L5-S1 with grade 1 spondylolisthesis at L4-5 with degeneration changes. The provider recommended a complete follow-up blood count, basic metabolic panel, urine drug screen, and liver function test. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete Blood Count 9cbc) Qty:1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for complete blood count quantity 1 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeated lab test after the treatment duration has not been established. Routine blood pressure monitoring is however recommended. The documentation included states that the injured worker has prescribed NSAIDs since at least 07/30/2013. This request far exceeds the recommended 4 to 8 week time period the guidelines recommends after starting therapy. It was unclear what laboratory monitoring was last performed. As such, the request is not medically necessary.

**Basic Metabolic Panel (Bmp) Qty:1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for basic metabolic panel quantity 1 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeated lab test after the treatment duration has not been established. Routine blood pressure monitoring is however recommended. The documentation included states that the injured worker has prescribed NSAIDs since at least 07/30/2013. This request far exceeds the recommended 4 to 8 week time period the guidelines recommends after starting therapy. It was unclear what laboratory monitoring was last performed. As such, the request is not medically necessary.

**Urine drug screen Qty:1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The request for a urine drug screen quantity 1 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids, for ongoing management and as screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, the request is not medically necessary.

**Liver Function Test Qty:1:** 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 Page(s): 70.

**Decision rationale:** The request for liver function test quantity 1 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeated lab test after the treatment duration has not been established. Routine blood pressure monitoring is however recommended. The documentation included states that the injured worker has prescribed NSAIDS since at least 07/30/2013. This request far exceeds the recommended 4 to 8 week time period the guidelines recommends after starting therapy. It was unclear what laboratory monitoring was last performed. As such, the request is not medically necessary.