

<b>Case Number:</b>	CM14-0123602		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/20/2002
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Family Practice, 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 patient is a 64-year-old male with a date of injury on July 20, 2002. He is status post left wrist surgery in 2004, low back surgery in 2002 and right knee surgery in 1998 and 2004. The patient has a diagnosis of Gilbert's disease, chronic low back pain and lumbar degenerative changes. The patient has a past medical history positive for high blood pressure, skin cancer, arthritis and sleep apnea. He has been treated with Celebrex and Tylenol #3 for an extended period of time. On a follow-up dated June 19, 2014, the patient presents with bilateral knee pain. He has advanced arthritis. He also is being followed by foot pain by another physician. The patient is currently being treated with Tylenol #3 and Celebrex. He has healed Gilbert's disease which manifests itself as elevated bilirubin on his liver function tests. The treating physician noted that because of the patient's intermittent use of Tylenol #3 and Celebrex he needs to have CBC liver and renal panels performed once every six months to be certain he is not having decreasing liver function. Utilization review dated 7/25/14 modified the request for labs CBC, basic metabolic, and liver function panel every six months or sooner if there are any abnormal findings to allow for one set of labs. The prior peer reviewer noted that while the patient may require repeat testing, any additional requests would need to be determined based on the patient's condition, prior lab results and current medications at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC (complete blood count) every 6 months or sooner if any abnormal findings:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific d.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines does not address CBC. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>

**Decision rationale:** The request for CBC would be supported; however, the request for this laboratory study to be prospectively certified for every six months is not supported. The prior peer reviewer has modified to allow one set of the requested labs. Any further request for laboratory studies should be submitted with current examination narrative with the patient's current status to determine if laboratory studies would be medically necessary at that time. Therefore, this request is not medically necessary.

**Basic Metabolic Profile every 6 months or sooner if any abnormal findings:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific d.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines does not address BMP. Decision based on Non-MTUS Citation  
<http://labtestsonline.org/understanding/analytes/bmp/tab/glance>

**Decision rationale:** The request for BMP would be supported; however, the request for this laboratory study to be prospectively certified for every six months is not supported. The prior peer reviewer has modified to allow one set of the requested labs. Any further request for laboratory studies should be submitted with current examination narrative with the patient's current status to determine if laboratory studies would be medically necessary at that time. Therefore, this request is not medically necessary.

**Liver Function Panel every 6 months or sooner if any abnormal findings:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific d.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines does not address liver function panel. Decision based on Non-MTUS Citation  
<http://labtestsonline.org/understanding/analytes/liver-panel/tab/glance>

**Decision rationale:** The request for Liver Function Panel would be supported; however, the request for this laboratory study to be prospectively certified for every six months is not supported. The prior peer reviewer has modified to allow one set of the requested labs. Any further request for laboratory studies should be submitted with current examination narrative with the patient's current status to determine if laboratory studies would be medically necessary at that time. Therefore, this request is not medically necessary.