

Case Number:	CM14-0152774		
Date Assigned:	09/23/2014	Date of Injury:	10/11/2001
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 45-year-old female with a reported date of injury on 10/11/2001. The mechanism of injury was noted to be a fall. Her diagnoses were noted to include cervicalgia, bicipital tenosynovitis, rotator cuff sprain, shoulder region disorder, and muscle spasm. Her previous treatments were noted to include physical therapy, epidural steroid injections, surgery, cortisone injections, activity modifications, and medications. The progress note dated 10/24/2013 reported by the provider that on 09/19/2013 there were a creatinine, AST, and ALT was normal. The progress noted dated 06/12/2014 revealed complaints of neck, shoulder, and radiating arm pain. The injured worker reported her fingers were numbness and tingling and her pain rated 7/10. The physical exam revealed decreased range of motion to the cervical spine and bilateral shoulders. However, there was full strength in the bilateral deltoids, supraspinatus, triceps, extensor digitorum, and abductor pollicis. The progress noted dated 09/24/2014 revealed complaints of neck, shoulder, and radiating bilateral arm pain. The physical examination revealed decreased range of motion to the cervical spine and bilateral shoulders. There was diffuse tenderness along the subacromial and anterior joint line. The injured worker utilized Vicodin and Mobic for long term and the provider indicated she required an AST, ALT, creatinine, and liver and kidney labs. The Request for Authorization Form dated 09/04/2014 was for aspartate aminotransferase (AST), alanine aminotransferase (ALT), and Creatine blood test for long-term use of Mobic and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspartate Aminotransfrase (AST): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 68.

Decision rationale: The AST was drawn 09/13/2013 and the results were normal. The California Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a CBC and Chemistry Profile (including Liver and Renal function tests). 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 the treatment has not been established. The injured worker had an AST drawn 09/2013 and the provider indicated the results were normal. The guidelines documentation recommends a CBC drawn 4 to 8 weeks after the beginning of NSAID therapy. However, the necessity of repeating lab tests has not been established. Therefore, the request is not medically necessary.

Alanine Aminotransferase (ALT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 68.

Decision rationale: The ALT was drawn 09/13/2013 and the results were normal. The California Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a CBC and Chemistry Profile (including Liver and Renal function tests). 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 the treatment has not been established. The injured worker had an ALT drawn 09/2013 and the provider indicated the results were normal. The guidelines documentation recommends a CBC drawn 4 to 8 weeks after the beginning of NSAID therapy. However, the necessity of repeating lab tests has not been established. Therefore, the request is not medically necessary.

Creatine blood test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 68.

Decision rationale: The Creatine blood test was drawn 09/13/2013 and the results were normal. The California Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring

of a CBC and Chemistry Profile (including Liver and Renal function tests). 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 the treatment has not been established. The injured worker had a Creatine blood test drawn 09/2013 and the provider indicated the results were normal. The guidelines documentation recommends a CBC drawn 4 to 8 weeks after the beginning of NSAID therapy. However, the necessity of repeating lab tests has not been established. Therefore, the request is not medically necessary.