

<b>Case Number:</b>	CM14-0156711		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 56-year-old male who sustained a work injury on 6/6/13. Office visit on 8/5/14 notes the claimant presented with neck pain unchanged. He had 13 sessions of acupuncture which provided temporary relief. He had a right shoulder injection that helped a lot for about three weeks. The claimant is taking Norco but had some gastric upset with medications. He received Prilosec but has been hesitant to restart the Norco. He reports Norco helps his pain for about 40%. He is taking Flexeril and Ketoprofen cream. On exam, the claimant has 4+/5 strength on the left biceps, internal rotators, external rotators, wrist flexors and triceps. The patient had 4-/5 strength on the left wrist extensors and right handed grip strength. The patient had 5/5 strength on the bilateral deltoids and right biceps, internal rotators, external rotators, wrist extensors, wrist flexors and triceps. The patient had 5/5 strength in the interosseous, finger flexors and finger extensors. There were decreased reflexes of the bilateral upper extremities. The patient had negative Hoffmann's bilaterally. The Tinel's sign was positive at the elbow bilaterally. The Phalen's sign was positive on the right and negative on the left. The Tinel's at the wrist was positive on the right and negative on the left. Spurlings was positive on the right with pain to the elbow. The patient was temporarily totally disabled with limited lifting, pushing and pulling to 15 pounds, no other activities with the right arm and no repetitive motions of the right upper extremity. Plan included continue general orthopedic follow-up for his care, medication panel to verify hepatic and renal function and maximize medication safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med Panel: Drug Screen, qualitative; single drug class method x 10 (80101), Creatinine; other source (82570), pH; body fluid, not otherwise specified (83986), Spectrophotometry; analytes not otherwise specified (84311): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of medicine

**Decision rationale:** The US National Library of medicine notes the creatinine blood test measures the level of creatinine in the blood. This test is done to see how well your kidneys work. There is an absence in documentation noting that there is any concern for hepatic or renal function. The claimant is not on large quantities of medications. Therefore, the medical necessity of this request is not established.