

Case Number:	CM14-0183739		
Date Assigned:	11/10/2014	Date of Injury:	12/04/2003
Decision Date:	12/18/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 4, 2003. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; medial branch blocks; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 21, 2014, the claims administrator approved several follow-up visits, approved a general practitioner consultation, and modified/conditionally approved a request for CBC, ALT, AST, glucose, urea, BUN, and creatinine to an ALT, AST, glucose, urea, and BUN/creatinine alone. The claims administrator invoked non-MTUS Guidelines to conditionally approve the request for laboratory testing absent of CBC. The applicant's attorney subsequently appealed. In a progress note dated September 8, 2014, the applicant reported ongoing complaints of neck pain. The applicant reported ongoing complaints of neck pain. The applicant was treating with several providers, it was acknowledged. The applicant was using Flexeril, Norco, Prilosec, and a ketoprofen-containing cream. The applicant had recently discontinued Cymbalta, it was acknowledged. Laboratory testing to include a CBC, renal function testing, and hepatic function testing was endorsed. The applicant was already permanent and stationary, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 med panel to include CBC, ALT/AST, glucose, urea and BUN/creatinine: Overturned

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, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: As noted on page 70 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, periodic laboratory monitoring is recommended in applicants using non-steroidal anti-inflammatory drugs (NSAID) medications. Here, the applicant is using topical ketoprofen, an NSAID medication which is absorbed systemically. The applicant is also using a variety of other medications which are processed in the liver and kidneys, including Norco. Periodic assessment of the applicant's hematologic, renal, and hepatic functions via the proposed laboratory testing is indicated to ensure that the applicant's current levels of hematologic, renal, and hepatic functions are consistent with currently prescribed medications is indicated. Therefore, the request is medically necessary.