

<b>Case Number:</b>	CM14-0043453		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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, 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 42-year-old female who reported an injury on 03/22/2011. The mechanism of injury was not provided. On 08/26/2013, the injured worker presented with upper extremity pain. Upon examination, the injured worker had decreased sensation to the right upper extremity and uses a brace. The diagnoses were sprain/strain of the elbow, pain in the right wrist, ganglion tear, overuse syndrome, De Quervain's tenosynovitis, poor coping, and cervical radiculopathy. Previous treatments included physical therapy, injections, arthroscopy, and medications. The provider recommended a Piccolo Chemistry 6, the provider's rationale was not provided. A 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:

#### **Piccolo Chemistry 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7785656>, A strategy to promote rational clinical chemistry test utilization; <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH003939>, Comprehensive metabolic panel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
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**Decision rationale:** The request for Piccolo Chemistry 6 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 4 to 8 weeks after starting therapy, but the interval of repeat lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however recommended. The provider's rationale for a Piccolo Chemistry 6 was not provided. Additionally, the last time a Chemistry 6 profile was done for the injured worker was not provided. As such, the request is not medically necessary.