

<b>Case Number:</b>	CM14-0047532		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 injured worker is a 66-year-old male who reported an injury on 4/22/09. The mechanism of injury was not provided in the medical records. His diagnoses include postlaminectomy pain syndrome, facetogenic pain, and axial lower back pain. Details regarding his past treatments were not provided in the medical records. On 2/20/14, the injured worker presented with complaints of lower back and bilateral shoulder pain. His medications included Percocet, tizanidine, and gabapentin. The treatment plan included a radiofrequency ablation of the facet joints, medication refills, a topical analgesic, a urine drug screen, and a complete blood count and comprehensive metabolic profile.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laboratory studies-CBC, Comprehensive metabolic profile:** Upheld

**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 & adverse effects Page(s): 70-73.

**Decision rationale:** According to the California MTUS Guidelines, routine monitoring of patients taking NSAIDs should include a complete blood count and chemistry profile due to the

risk of cardiovascular event, renal compromise, and hepatic impairment. The documentation submitted for review indicated that the requested labs were to evaluate for organ damage from medication use. However, the injured worker's medication list did not include NSAIDs. Therefore, further documentation would be needed regarding the requested testing and possible comorbidities to warrant the requested tests. In summary, without a clear indication as evidenced by NSAID use for routine labs including a complete blood count and comprehensive metabolic profile, the request is not supported. As such, the request is not medically necessary.