

<b>Case Number:</b>	CM14-0063199		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 47 year old male who sustained an industrial injury on 06/14/06 while he was using a dolly to take a keg of beer up a flight of stairs while making a delivery. He had back pain. His MRI of lumbar spine revealed facet arthropathy at L3-L4 and L4-L5 levels. His past history was significant for atrial fibrillation requiring cardioversion and a catheter ablation. His past treatment included anterior and posterior fusion of L5-S1 as well as trigger point injections. His diagnosis was post laminectomy syndrome. His medications included Norco, Voltaren gel, Nucynta ER, Flexeril, Diltiazem, Levothyroxine and Metoprolol. His symptoms were back pain in lower back, gluteal area and left hip. His complete blood count in August 2013 was unremarkable. The visit note from 11/26/13 included subjective complaints of moderate-severe pain in gluteal area, left calf, left foot and left thigh. He had reported improvement of pain with the trigger point injections. His chronic problems were failed back syndrome, degeneration of lumbar or lumbosacral intervertebral discs, facet arthropathy, hypertension, atrial cardioversion, hypothyroidism, depression and insomnia. His pertinent medications included Voltaren gel, Nucynta ER, Flexeril and Norco. On examination he had limited lumbar spine range of motion. The plan of care included continuation of the above medications and a request for trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete blood count (CBC):** 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, topical analgesics Page(s): 70, 112.

**Decision rationale:** The employee had back pain, gluteal pain and left lower extremity pain. He was being treated with Voltaren gel, Opioids, Flexeril and trigger point injections. MTUS Chronic Pain Guidelines recommend periodic laboratory testing for patients who are prescribed NSAIDs, including CBC and chemistry panel. The guidelines also report that topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms. Since the employee was on Voltaren gel, which is a topical NSAID, the request for CBC lab test is medically necessary and appropriate.