

<b>Case Number:</b>	CM14-0065405		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/02/1999
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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:

This is a 67-year-old female with a 6/2/99 date of injury. The mechanism of injury was that a customer hit her left foot with a shopping cart. Her left leg gave out a few times afterwards causing her to injure her right shoulder and arm and her right knee. The progress reports provided for review date back to 2004. In addition, several progress reports provided were not dated. The patient noted that her pain has been much improved with Butrans patches and her pain level is 6-7/10 with medication. She is also using Norco for break-through pain. She has not had liver function evaluated and is concerned as to her pale skin color. Objective findings: 50% ROM of upper extremities due to pain and 4/5 strength, left shoulder positive for crepitous and popping, left knee has limited ROM and strength is 4/5, non-tender to palpation in shoulders and knee. Diagnostic impression: chronic right knee pain with posttraumatic arthritis, right shoulder pain with impingement syndrome, dikogenic low back pain with multilevel spondylosis. Treatment to date: medication management, activity modification, physical therapy, trigger point injections. A UR decision dated 4/8/14 denied the requests for liver function and bilirubin test and CBC test. The most recent clinical record submitted is over 6 months old. No current subjective complaints or objective findings have been provided to support the requested laboratory studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Liver Function and Bilirubin laboratory blood testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web MD (<http://www.webmd.com/digestive-disorders/tc/liver-function-panel-topic-overview>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings.

**Decision rationale:** CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. The records provided for review date back to 2004 and the most recent progress note provided for review was dated June, 2013. There were also several undated progress notes. According to an undated progress report, the provider is requesting a liver function and bilirubin test due to chronic opioid use. The patient is noted to be on chronic medications. However, there are no recent notes regarding the patient's current medical status or documentation of the patient's current medication regimen. Further information would be necessary to substantiate this request. Therefore, the request for Liver Function and Bilirubin laboratory blood testing was not medically necessary.

**CBC (Complete Blood Count) laboratory blood test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus website (<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings.

**Decision rationale:** CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. The records provided for review date back to 2004 and the most recent progress note provided for review was dated June, 2013. There were also several undated progress notes. According to an undated progress report, the provider is requesting a CBC test due to chronic opioid use. The patient was noted to be pale and utilizing chronic medications. However, there are no recent notes regarding the patient's current medical status or documentation of the patient's current medication regimen. Further information would be necessary to substantiate this

request. Therefore, the request for CBC (Complete Blood Count) laboratory blood test was not medically necessary.