

Case Number:	CM14-0074710		
Date Assigned:	07/16/2014	Date of Injury:	02/21/2000
Decision Date:	08/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 Washington, DC and Virginia. 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 56 year old patient who sustained injury on Feb 21 2000. He was seen by [REDACTED] and diagnosed with cervical strain ,thoracolumbar strain, with a herniated nucleus pulposus.He was prescribed Norco and soma.He was previously on celebrex but suffered from stomach upset. Labs were orderd by an NP named [REDACTED] on April 23 2014. The patient had been off of NSAIDS since 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 blood RFT and LFT labs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 9792.2 Page(s): 69-70.

Decision rationale: The patient was not on current NSAIDS. Prior lab testing was not provided in the documentation and no lab abnormalities were commented on. There is no medical indication for this type of testing.Per MTUS: NSAIDs, specific drug list & adverse effects,Recommended withcautions below. Disease-State Warnings for all NSAIDs: All NSAIDS have [U.S.Boxed Warning]: for associated risk of adverse cardiovascular events,

including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals.