

<b>Case Number:</b>	CM14-0076321		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/25/1990
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on November 25, 1990. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of low back pain which occasionally radiates to both lower extremities. The physical examination demonstrated decreased lumbar spine range of motion and a non-antalgic gait. Laboratory testing revealed an AST of 47, an ALT of 15 and creatine kinase of 1178. Previous treatment includes oral medications. A request had been made for a CBC, hepatic and arthritis panel, CHEM 8, CPK, and CRP, tramadol, and baby aspirin and was not certified in the pre-authorization process on April 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LABS: CBC HEPATIC AND ARTHRITIS PANEL, CHEM 8 CPK AND CRP:** 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 Page(s): 70.

**Decision rationale:** According to the Official Disability Guidelines, 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. It is unclear why there is a request for an arthritis panel, CPK, and CRP. As such, this request for CBC, hepatic and arthritis panel, CHEM 8, CPK, and CRP is not medically necessary.

**TRAMADOL 50MD #60 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

**BABY ASPRIN ASA 81 MG # 60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: <http://circ.ahajournals.org/content/125/10/e439.full>

**Decision rationale:** Baby aspirin is recommended for individuals with previous angina, heart attack, or stroke. A review of the attach medical record indicates that the injured employee is not been diagnosed with any of these conditions. As such, this request for a baby aspirin 81 mg is not medically necessary.