

Case Number:	CM14-0076627		
Date Assigned:	07/18/2014	Date of Injury:	07/28/2003
Decision Date:	09/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 46-year-old male who reported an injury on 07/31/2003 of unknown mechanism of injury. The injured worker had a history of lumbar spinal pain that radiated down to the right leg. The injured worker had a diagnosis of bilateral L1 through S1 facet joint syndrome, bilateral sacroiliac joint sprain and dysfunction, and lumbar spine radiculopathy, clinically. The past surgical procedures included a laminectomy at the L5-S1 dated 08/17/2013 with disc extrusion. The past treatments included medication, injections, physical therapy, a transcutaneous electrical nerve stimulator unit, and acupuncture. The medications included ibuprofen 800 mg and tizanidine 4 mg with a reported 6/10 using the VAS. The treatment plan included quarterly lab panels and additional acupuncture. The physical examination of the lumbar spine dated 04/21/2014 revealed flexion at 30/90 degrees, extension 10/25 degrees, bilateral lateral flexion 10/25 degrees positive for spasms, mild antalgic gait and was positive for a stooped posture. The Request for Authorization dated 07/18/2014 was submitted with the documentation. The rationale for the quarterly lab panel was to continue to prescription the ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quarterly Lab Panels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for Quarterly Lab Panels is not medically necessary. The California MTUS recommends measuring 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. The Guidelines indicate that the CBC and chemistry profile should be started 4 to 8 weeks after therapy starts. The clinical note indicated that the injured worker has been taking the ibuprofen greater than the 8 weeks, per the clinical note provided the injured worker has only had his blood pressure taken 2 times within the last 6 months. As such, request for Quarterly Lab Panels is not medically necessary.