

<b>Case Number:</b>	CM14-0091637		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Occupational 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:

The injured worker is a 29-year-old male who has submitted a claim for s/p L4 and L5 laminectomy, lumbar spine neural foraminal narrowing, lumbar spine degenerative disc disease, lumbar disc protrusion, and lumbar spine retrolisthesis associated with an industrial injury date of 9/8/2011. Medical records from 3/18/14 up to 6/10/14 were reviewed showing complaints of pain in the lumbar spine, 7/10 in severity. Pain is described as sharp, constant, and achy with radiations down to his bilateral lower extremities. He also reports spasms at night. His ADLs are impaired. UDS are constantly done with consistent results. Physical examination showed upright posture with non-antalgic gait. Lumbar spine examination revealed severely decreased ROMs with negative toe and heel walk. MRI of the lumbar spine taken on 3/15/14 revealed L4-S1 neural foraminal narrowing, L4 and L5 degenerative disc disease, L5-S1 5mm disc protrusion, and 5mm retrolisthesis L4 on L5. Treatment to date has included Naproxen, Omeprazole, Tramadol, Tizanidine, and L4-L5 laminectomy. Utilization review from 5/20/2014 denied the request for C-reactive protein. There is no documentation of signs of inflammation or any other medical problem that would warrant the need for chem 8 panel of tests This is not a test that is done as a routine for chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C-reactive protein:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

**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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>; University of South Carolina, Arthritis Panel (<http://www.muschealth.com/lab/content.aspx?id=150092>)

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. According to the Medical University of South Carolina, arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, the patient does not present with findings to suggest a rheumatologic condition. It was noted that the patient has kidney problems however, the type and gravity of the kidney issue was not elucidated. The patient's history and physical examination did not document signs or symptoms of kidney disease. The primary care physician stated that point of care UDS were done to make sure that medications are properly being excreted. His urine drug screens are consistent with prescribed medications. There is no clear rationale for this request. Therefore, the request for C-reactive protein is not medically necessary.