

<b>Case Number:</b>	CM14-0096303		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and depression reportedly associated with an industrial injury of October 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 30, 2014, the claims administrator approved a request for Pepcid, approved a request for Wellbutrin, and denied a request for laboratory testing. The laboratory testing was apparently denied on the grounds that the MTUS does not address the frequency with which lab testing should be performed. The applicant's attorney subsequently appealed. On July 31, 2014, the applicant reported persistent complaints of low back pain radiating into the right leg, 7/10 with medications versus 10/10 without medications. The applicant was pending a total knee replacement surgery and was using a cane. The applicant was also status post lumbar fusion, it was stated. The applicant's medication list included Zocor, Pepcid, Zanaflex, Wellbutrin, Motrin, and benazepril. The applicant had issues with chronic pain syndrome, myalgias, myositis, constipation, spinal stenosis, GERD, and reflux, it was stated. Motrin was endorsed. On August 1, 2014, it was suggested that the applicant might benefit from repeat cervical epidural steroid injections. On June 7, 2014, the attending provider did seek authorization for blood work owing to the applicant's chronic long-term pain syndrome requiring usage of multiple analgesic medications as well as the applicant's reportedly severe reflux. The applicant was on Pepcid, Zanaflex, Motrin, and Lidoderm patches, it was stated. The remainder of the file was surveyed. While laboratory testing was apparently ordered earlier, on April 21, 2014, there was no evidence that said laboratory testing in question was performed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 LAB TEST TO INCLUDE, CBC, CMP, HFP, RFP:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Blood Work, NSAIDs specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, and Adverse Effects topic Page(s): 70.

**Decision rationale:** The laboratory testing in question includes a CBC, comprehensive metabolic panel, hepatic function panel, and renal function testing. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic evaluation of an applicant's renal function, hepatic function, and hematologic function is indicated in applicants using NSAIDs. In this case, the applicant is, in fact, using ibuprofen, an NSAID, along with a variety of other medications, including blood pressure lowering medications such as benazepril. Interval reassessment of the applicant's renal, hepatic, and hematologic function to ensure that the applicant's current medication regimen is consistent with present levels of hematologic, renal, and hepatic function is indicated. Therefore, the request is medically necessary.