

Case Number:	CM14-0190403		
Date Assigned:	11/21/2014	Date of Injury:	03/30/2012
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 45-year-old male who reported an injury on 03/30/2012. The mechanism of injury was not provided. His diagnoses include cervical degenerative disc disease, low back pain, shoulder joint pain, depression, cervical radiculopathy, and myofascial pain. His past treatments included medication, TENS unit, and modified work activity. On 09/26/2014, the patient complained of right shoulder, neck, and low back pain rated 6/10. The physical examination revealed improved cervical range of motion, tenderness to palpation over the lumbar, and tenderness to palpation over the right trapezius with hypertonicity. His medications included ibuprofen 800 mg, tramadol 150 mg, and gabapentin 300 mg. The treatment plan included a CMP, standard kidney and liver function, (CBC) complete blood count. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP standard Kidney and Liver Function (CBC) complete Blood Count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing.

Decision rationale: According to the California MTUS Guidelines package inserts for NSAIDs recommend periodic lab monitoring of a CBC and Chemistry Profile to include Liver and Renal function tests. There has been a recommendation to measure Liver transaminases within 4-8 weeks after starting therapy and monitor routine blood pressures. Furthermore, the Official Disability Guidelines recommend lab testing for preoperative uses. The injured worker was indicated to be taking ibuprofen for an unspecified duration. The documentation failed to provide evidence of a start date for the NSAID and routine blood pressure monitoring values. In addition, the documentation failed to provide previous lab studies since the injury date of 03/30/2012, evidence of a need for the laboratory studies and an indication of being pre-operative. In the absence of the required documentation to suggest periodic lab monitoring, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.