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| Case Number: | CM14-0207901 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 09/12/2008 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 12/11/2014 |
| Priority: | Standard | Application Received: | 12/11/2014 |

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 Rehab, 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:

This is a 42-year-old female with a 9/12/08 date of injury, when she fell backwards and struck her head, neck, right shoulder and back. The patient underwent shoulder surgery in 2009 and 2010. The patient was seen on 11/12/14 with complaints of 9/10 constant neck pain radiating into the right upper extremity, 7/10 low back pain radiating into the right lower extremity and 8/10 right shoulder pain with associated numbness and tingling. The patient also reported anxiety and depression. Exam findings revealed height 63 inches, weight 194 pounds, and BMI of 34. The examination of the right shoulder revealed decreased range of motion by 40 percent and positive impingement and Neer's signs. The patient was noted to be on Norco, Flexeril and topical compound creams. The patient underwent an UDS test on 9/30/14 and a comprehensive metabolic panel testing on 11/13/14. The diagnosis is right upper extremity radiculopathy, cervical spine disc herniation, lumbar spine disc degeneration, right shoulder subacromial impingement syndrome, chronic pain syndrome, severe anxiety and depression, and myofascial pain syndrome. Treatment to date: 2 shoulder surgeries, work restrictions, PT, compound creams, and medications. An adverse determination was received on 12/11/14 for a lack of documentation indicating that the patient was utilizing oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, specific drug list & aduers.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetnabetterhealth.com/nebraska

Decision rationale: CA MTUS and ODG do not address the issue. Aetna Guidelines state that a comprehensive metabolic panel (CMP) is a blood test that provides information about a person's liver and kidneys, body sugar and protein levels, and electrolyte and fluid balance. Doctors order a CMP test to help diagnose liver disease or kidney disease, as well as conditions like diabetes. Doctors also use this test to monitor people who have health problems or are taking certain medicines. The progress notes indicated that the patient underwent a comprehensive metabolic panel testing on 11/13/14. The progress report dated 11/12/14 stated that the patient was utilizing Norco, Flexeril, and topical compound creams. In addition, the patient underwent an UDS test on 9/30/14. However, there is no rationale indicating the necessity for an additional comprehensive metabolic panel testing. Lastly, there is no comment that relates this specific test for treating symptoms associated with the medications used in treating this industrial injury. Therefore, the request for Comprehensive metabolic panel was not medically necessary.