

Case Number:	CM15-0104082		
Date Assigned:	06/08/2015	Date of Injury:	11/05/2013
Decision Date:	07/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34-year-old male, who sustained an industrial injury on November 5, 2013. Treatment to date has included medications, MRI of the lumbar spine, home exercise program, and TENS unit. Currently, the injured worker complains of low back pain, which radiates into the right lower extremity and numbness in the left lower extremity. The injured worker uses gabapentin and Lidopro for pain control. He discontinued use of NSAIDs due to gastric upset and notes that the gastric upset is not well controlled with use of omeprazole. He continues his home exercise program and use of his TENS unit which helps with his pain. On physical examination, the injured worker has tenderness to palpation over the lower lumbosacral facet joints and ambulates with an antalgic gait. The diagnoses associated with the request include lumbar degenerative disc disease, upper and lower extremity pain, lumbosacral/joint/ligament sprain/strain, lumbar facet arthropathy, and lumbar radiculopathy. The treatment plan includes continuation of medications, home exercise program and TENS unit, depression screening, functional capacity evaluation, and laboratory evaluations including complete blood count, H. pylori and stool guaiac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Studies To Include CBC, Helicobacter Pylori Autigen, and Stool Guaiac time 3:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications, NSAIDs.

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

Decision rationale: MTUS guidelines recommend routine monitoring with chronic NSAID use. MTUS recommends periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure 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. In this case, the injured worker had discontinued NSAIDs due to gastric upset not controlled with omeprazole. As NSAIDs have been discontinued, the requested labs are not indicated. The request for lab studies to Include CBC, Helicobacter Pylori Autigen, and Stool Guaiac time 3 is determined to not be medically necessary.