

Case Number:	CM15-0137052		
Date Assigned:	07/27/2015	Date of Injury:	11/23/2009
Decision Date:	08/24/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 52-year-old female who sustained an industrial injury 11/23/2009. Diagnoses/impressions include lumbar strain; multilevel disc disease, lumbar spine; cervical sprain; and cervical disc protrusions. According to the progress notes dated 6/24/15, the IW reported low back pain that radiated down the bilateral lower legs and feet with associated numbness and tingling. She also complained of a burning sensation in her feet. She rated her pain 10/10. She rated her pain 5/10 with medication. Neurontin was reportedly helpful. On examination, there was tenderness in the cervical spine and trapezius, mostly on the right. Her gait was normal, but she was unable to heel-toe walk due to pain. The lumbar paravertebral muscles were tender, especially at L4-5 and L5-S1. Range of motion was decreased. Sitting straight leg raise was positive bilaterally at 25 degrees. Sensation was intact to all dermatomes in the bilateral lower extremities. Knee and ankle jerks were 1+ bilaterally. A request was made for complete blood count with differentials and complete metabolic panel to check liver function and blood chemistries due to the IW's medication regimen of Norco and Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count with differentials: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, complete blood count with differentials is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. The non-steroidal anti-inflammatory package insert recommends periodic lab monitoring of a complete blood count (CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to eight weeks after starting therapy, but the interval of repeating last testing after this treatment has not been established. In this case, the injured worker's working diagnoses are lumbar strain; multilevel disc disease lumbar spine; cervical sprain; and cervical disc protrusion. The date of injury is November 23, 2009. The request for authorization is May 27, 2015. According to the May 27, 2015 progress note, the worker subjectively complains of right-sided neck pain and low back pain. Pain scale is 8/10 without medications and 4/10 with medications. The injured worker ran out of Norco and is taking morphine only. The injured worker is taking Neurontin, Norco, morphine sulfate and Valium. Objectively, there is tenderness to palpation of the cervical paraspinal muscle groups with decreased range of motion. Gait is normal and there is tenderness to palpation over the lumbar paraspinal muscles. There is no documentation of non-steroidal anti-inflammatory drug use. The treating provider has ordered a CBC with differential and complete metabolic panel to make sure liver function and blood chemistries are normal. There is no suggestion of acetaminophen overdose. There is no acetaminophen level in the medical record. There is no clinical indication for a complete blood count. Consequently, absent clinical documentation with a clinical indication and rationale for complete blood count with differential and no documentation indicating non-steroidal anti-inflammatory drug use, complete blood count with differentials is not medically necessary.

Complete metabolic panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, complete metabolic profile is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a

review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. The non-steroidal anti-inflammatory package insert recommends periodic lab monitoring of a complete blood count (CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to eight weeks after starting therapy, but the interval of repeating last testing after this treatment has not been established. In this case, the injured worker's working diagnoses are lumbar strain; multilevel disc disease lumbar spine; cervical sprain; and cervical disc protrusion. The date of injury is November 23, 2009. The request for authorization is May 27, 2015. According to the May 27, 2015 progress note, the worker subjectively complains of right-sided neck pain and low back pain. Pain scale is 8/10 without medications and 4/10 with medications. The injured worker ran out of Norco and is taking morphine only. The injured worker is taking Neurontin, Norco, morphine sulfate and Valium. Objectively, there is tenderness to palpation of the cervical paraspinal muscle groups with decreased range of motion. Gait is normal and there is tenderness to palpation over the lumbar paraspinal muscles. There is no documentation of non-steroidal anti-inflammatory drug use. The treating provider has ordered a CBC with differential and complete metabolic panel to make sure liver function and blood chemistries are normal. There is no suggestion of acetaminophen overdose. There is no acetaminophen level in the medical record. There is no clinical indication for a comprehensive metabolic profile. Consequently, absent clinical documentation with a clinical indication and rationale for a comprehensive metabolic profile and no documentation indicating non-steroidal anti-inflammatory drug use, a complete metabolic profile is not medically necessary.