

Case Number:	CM15-0162397		
Date Assigned:	08/28/2015	Date of Injury:	12/20/2013
Decision Date:	10/06/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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: Physical Medicine & Rehabilitation

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 50-year-old female with an industrial injury dated 12-20-2013. Her diagnoses included injury to radial nerve, pain upper and lower extremity, hand dysfunction and status post-surgery 04-2014. Prior treatment included medications, TENS, nerve repair, physical therapy, occupational therapy and medication. She presents on 07-08-2015 with numbness, tingling and limited range of motion of left thumb and index finger. There was pain and hypersensitivity with palpation. Physical exam noted limited left thumb flexion. There was decreased sensation of second finger. Her medications included Gabapentin, Lido Pro cream, TENS unit and Omeprazole. The treatment request is for: Laboratory study: Liver function, quantity: 1. Laboratory study: Kidney function, quantity: 1. Laboratory study: CMP (complete metabolic panel), quantity: 1. Laboratory study: CBC (complete blood count), quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory study: CBC (complete blood count), quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Periodic lab monitoring of CBC and chemistry profile Page(s): 70.

Decision rationale: The current request is for Laboratory study: Liver function, quantity: 1. The RFA is from 07/08/15. Prior treatment included medications, TENS, thumb nerve repair (April 2015), physical therapy, occupational therapy and medication. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per report 07/08/15, the patient presents with numbness, tingling and limited range of motion of left thumb and index finger. There was pain and hypersensitivity with palpation. Physical exam noted limited left thumb flexion and decreased sensation of second finger. The patient also reports gastritis. The patient's medications included Gabapentin, Lido Pro cream, and Omeprazole. The RFA dated 07/08/15 requests specific labs, but there is no rationale provided for the requests. A med panel can be useful in examining a patient's overall hepatic and renal function. However, there is no discussion or concern that would require a liver function lab. Gabapentin does not require liver function monitoring. It is mostly renally secreted and does not require monitoring of renal functional unless the patient is renally impaired. The request IS NOT medically necessary.

Laboratory study: CMP (complete metabolic panel), quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Periodic lab monitoring of CBC and chemistry profile Page(s): 70.

Decision rationale: The current request is for Laboratory study: Laboratory study: Kidney function, quantity: 1. The RFA is from 07/08/15. Prior treatment included medications, TENS, thumb nerve repair (April 2015), physical therapy, occupational therapy and medication. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per report 07/08/15, the patient presents with numbness, tingling and limited range of motion of left thumb and index finger. There was pain and hypersensitivity with palpation. Physical exam noted limited left thumb flexion and decreased sensation of second finger. The patient also reports gastritis. The patient's medications included Gabapentin, Lido Pro cream, and Omeprazole. The RFA dated 07/08/15 requests specific labs, but there is no rationale provided for the requests. There is no discussion or concern that would require a kidney function exam. Although Gabapentin is renally secreted, in the absence of renal compromise, there is no concern. The patient is not on NSAIDs either for which periodic kidney function may require monitoring. The request IS NOT medically necessary.

Laboratory study: Liver function, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.labtestsonline.org/understanding/analytes/cmp/tab/test/.

Decision rationale: The current request is for Laboratory study: Laboratory study: CMP (complete metabolic panel), quantity: 1. The RFA is from 07/08/15. Prior treatment included medications, TENS, thumb nerve repair (April 2015), physical therapy, occupational therapy and medication. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. At <https://labtestsonline.org/understanding/analytes/cmp/tab/test/> states, "The comprehensive metabolic panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney or liver-related side effects. If a health practitioner is interested in following two or more individual CMP components, he or she may order the entire CMP because it offers more information." Per report 07/08/15, the patient presents with numbness, tingling and limited range of motion of left thumb and index finger. There was pain and hypersensitivity with palpation. Physical exam noted limited left thumb flexion and decreased sensation of second finger. The patient also reports gastritis. The patient's medications included Gabapentin, Lido Pro cream, and Omeprazole. The RFA dated 07/08/15 requests specific labs but there is no rationale provided for the requests. There is no discussion or concern that would require a CMP lab. There are no concerns raised for liver, kidney or such conditions as DM requiring a complete metabolic panel. The request IS NOT medically necessary.

Laboratory study: Kidney function, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Periodic lab monitoring of CBC and chemistry profile Page(s): 70.

Decision rationale: The current request is for Laboratory study: Laboratory study: CBC (complete blood count), quantity: 1. The RFA is from 07/08/15. Prior treatment included medications, TENS, thumb nerve repair (April 2015), physical therapy, occupational therapy and medication. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per report 07/08/15, the patient presents with numbness, tingling and limited range of motion of left thumb and index finger. There was pain and hypersensitivity with palpation. Physical exam noted limited left thumb flexion and decreased sensation of second finger. The patient also reports gastritis. The patient's medications included Gabapentin, Lido Pro cream, and Omeprazole. The RFA dated 07/08/15 requests specific labs, but there is no rationale provided for the requests. There is no concern for blood disorder or other issues requiring this laboratory study. The patient is not on any NSAIDs either. The request IS NOT medically necessary.