

Case Number:	CM15-0189237		
Date Assigned:	10/01/2015	Date of Injury:	07/01/2012
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 is a 57 year old male, who sustained an industrial injury on 7-1-2012. The injured worker is undergoing treatment for: bilateral elbow sprain and strain, epicondylitis, right shoulder sprain and strain, chronic lumbar sprain and strain with left side radiculopathy. On 7-9-15, he reported low back pain with radiation into the bilateral lower extremities; He rated his pain 8 out of 10 without medications and 6 out of 10 with medications. He also reported neck pain with radiation into the bilateral upper extremities. The provider requested a comprehensive metabolic panel to monitor kidney and liver enzymes "due to chronic opiate use". On 7-15-15, he reported low back pain that was worsened by prolonged activity such as sitting. Physical findings revealed a decreased lumbar range of motion with a positive Milgram's test, tenderness and muscle guarding in the low back and positive for tenderness and impingement signs in the right shoulder. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (9-14-2013), magnetic resonance imaging of the right elbow (9-14-13), urine toxicology (2-4-14 and 5-7-15), and multiple sessions of acupuncture. Medications have included: Percocet 10-325, Anaprox, Prilosec, and Neurontin. Current work status: temporarily totally disabled. The request for authorization is for: comprehensive metabolic panel. The UR dated 8-25-15: non-certified the request for comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP (comprehensive metabolic panel): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, CMP (comprehensive metabolic panel) 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 package insert for non-steroidal anti-inflammatory drugs recommend periodic lab monitoring of the CBC and chemistry profile (liver function testing and renal function testing). There has been a recommendation to measure liver transaminases within 4 to 6 weeks after starting therapy. In this case, the injured worker's working diagnoses are cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms; lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms; right shoulder sprain strain; right elbow sprain strain; status post bilateral inguinal hernia repair; and medication induced gastritis and constipation. The date of injury is July 1, 2012. Request for authorization is August 19, 2015. According to a June 4, 2015 progress note, subjective complaints include neck pain radiates to the upper extremities. Medications include Percocet, Anaprox (2014), Prilosec and Neurontin. Objectively, there is tenderness to palpation at the cervical spine with positive trigger points. Range of motion is decreased. The utilization review provider reviewed a July 9, 2015 and August 13, 2015 progress note absent from the record. There are multiple urine drug toxicology screens in medical record, but no laboratory results (including chemistries, liver function testing or renal function testing. The injured worker has been on Anaprox, at a minimum, as far back as 2014. There is no start date specified in the record. It is unclear whether prior lab testing has been performed (LFTs and RFT's) to monitor non-steroidal anti-inflammatory drug use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no prior documentation of liver function testing and renal function testing, a request for a comprehensive metabolic profile on June 4, 2015, no contemporaneous documentation on or about the date of request for authorization August 19, 2015 (utilization review provider review a July 9, 2015 and August 13, 2015 progress note absent from the record), CMP (comprehensive metabolic panel) is not medically necessary.