

<b>Case Number:</b>	CM15-0192756		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: 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 55 year old male, who sustained an industrial injury on 10-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for gastritis, hypertension, insomnia, stress, anxiety, and cervical spine-lumbar spine herniated nucleus pulposus (HNP). On 9-10-2015, the injured worker reported cervical spine pain rated 6 out of 10, thoracic spine pain rated 2 out of 10, lumbar spine pain rated 8 out of 10, shoulder pain, ankle pain, lower leg pain, dizziness, lightheadedness, and gastritis. The Secondary Treating Physician's report dated 9-10-2015, noted the injured worker alert, oriented x3, in no acute distress, with pupils equal, round, and reactive to light (PERRL), and the lungs clear. No other objective findings were included in the report. The injured worker's current medications were not included in the report. The treatment plan was noted to include continued current medications and laboratory evaluations. A Treating Physician's report dated 2-13-2015, noted a chemistry panel showed triglycerides at 238 and HDL at 39, with a hematology panel showing c-peptide at 4.7 and a hemoglobin A1C at 6.2. The request for authorization dated 9-10-2015, requested a CMP and HgbA1C. The Utilization Review (UR) dated 9-22-2015, denied the request for a CMP and HgbA1C.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMP and HgbA1c:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Based on MTUS guidelines, for patients on NSAIDS periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) are recommended. There has been a recommendation to measure liver transaminases within 4-8 weeks of starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, the patient is being evaluated for dizziness, lightheadedness and gastritis. The blood pressure recorded is incorrect and not valid. The patient is not a known diabetic, nor is there documentation of increased blood sugars. There are no clear indications to order a CBC or HgbA1c. Therefore based on MYUS guidelines and the evidence in this case, the request for CBC, HgbA1c are not medically necessary.