

Case Number:	CM15-0194411		
Date Assigned:	10/08/2015	Date of Injury:	06/17/2000
Decision Date:	12/15/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, California

Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on 6-17-2000. The injured worker is undergoing treatment for: right shoulder and low back pain. On 5-18-15, she reported low back and right shoulder pain. She rated her pain 6-7 out of 10. She is reported as having improvement with medications. On 8-26-15, she reported pain to the lumbar spine and right shoulder. She is noted to have been last evaluated on 5-18-15. She rated her pain 9 out of 10 and indicated her mid back to be her "chief" area of pain on this date. She also reported having right shoulder blade pain. Physical examination revealed right shoulder range of motion to give pain at the end points, tenderness is noted over the right scapular and shoulder area. There is no documented examination of other body parts. The provider noted that laboratory analysis was to "ensure it is safe for this patient to hepatically metabolize and renally excrete the medications prescribed". The records indicate she was diagnosed with heartburn and acid reflux in August 2010, however the records do not indicate a current physical examination or assessment of the gastrointestinal system. The treatment and diagnostic testing to date has included: medications, urine toxicology (8-29-12), right shoulder arthroscopy (8-7-13), magnetic resonance imaging of the lumbar spine (date unclear), magnetic resonance imaging of the right shoulder (7-2-14). Medications have included methocarbamol, Lidoderm patches, and omeprazole. The records indicate she has been utilizing methocarbamol, Lidoderm patches and omeprazole since at least May 2015, possibly longer. Current work status: unclear. The request for authorization is for: Methocarbamol 750mg quantity 90 Omeprazole 20mg quantity 90, CBC, Chem 8, Lab: HFP. The UR dated 9-9-2015: non-certified the requests for

Methocarbamol 750mg quantity 90 Omeprazole 20mg quantity 90, CBC, Chem 8, Lab: HFP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. This patient has chronic pain with no evidence of prescribing for flare. The IW has been prescribed this medication for a minimum of 3 months. Prescribing was not for a short-term exacerbation. The documentation does not document symptom improvement related to this medication. The request does not include frequency or dosing. Without support of the documentation or adherence to guidelines, the request is determined not medically necessary.

Omeprazole 20mg QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Additionally, the request does not include dosing or frequency. Omeprazole is not medically necessary based on the MTUS.

CBC (complete blood count): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS and official disability guidelines are silent on this topic. Complete blood count testing is used as a screening test to evaluate three types of cells in the body. These cells include cells of the immune defense system, oxygen carrying cells, and cells used in blood clotting. The IW does not have any symptoms or exam findings to suggest abnormalities in any of these systems. For example, there are no concerns for anemia, infection, fatigue, bleeding or other complaints that would suggest concern for abnormal complete blood test results. It is unclear from the records submitted why this test is being requested or what diagnoses are being considered. Without supporting documentation, the request is not justified. As such, the request is not medically necessary.

Chem 8 (basic metabolic panel) QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.uptodate.com/contents/search?search=laboratory+test+screening>.

Decision rationale: CA MTUS and ODG are silent on this topic. The requested test evaluate electrolytes and kidney function. It is unclear from the record if the IW has previously had these labs tested. There is not a clear rationale or discussion of medical condition to support the request. The IW does not have underlying medication conditions that require ongoing laboratory monitoring. Without this information or clear indication, the request for a chem 8 panel is not medically necessary.

HFP (hepatic functional panel) QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <[http://www.guideline.gov/content.aspx-id=38889&search=liver](http://www.guideline.gov/content.aspx?id=38889&search=liver)>.

Decision rationale: CA MTUS and ODG are silent on this topic. The above reference discusses the different laboratory studies that are used to evaluate the liver. Several laboratory tests evaluate the liver function. It is unclear from the documentation what specific tests are being requested. There are not subjective or objective findings to support concern for liver disease or biliary obstruction. There is not a clear rationale or discussion of medical condition to support the request. The IW does not have underlying medication conditions that require ongoing

laboratory monitoring. Without this information or clear indication, the request for a hepatic function panel is not medically necessary.