

<b>Case Number:</b>	CM15-0198214		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Preventive Medicine, Occupational 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 34 year old female, who sustained an industrial injury on 2-4-2013. The injured worker is undergoing treatment for: bilateral carpal tunnel, bilateral shoulder impingement syndrome, neck pain. On 9-23-15, she reported pain to the neck, bilateral shoulders and bilateral wrists. She rated her neck and bilateral shoulder pain 6 out of 10, and bilateral wrist pain 3 out of 10. Physical examination revealed decreased range of motion of the neck, positive foraminal compression tests, positive testing for Neer's, cross over impingement, Apley's Hawkin's and weak abduction against resistance, tenderness in the shoulders bilaterally, wrists with positive Durkin's, tinel's and phalen's, and full range of motion for the bilateral wrists. The provider noted requesting baseline labs and urine testing to assure she can safely metabolize and excrete medications as prescribed. The treatment and diagnostic testing to date has included: x- rays, medications, multiple chiropractic visits, 3 visits of physical therapy (noted to have worsened her pain), ergonomic work station, magnetic resonance imaging of the neck (2013), electromyogram of the upper extremities (2013), cervical spine epidural (2013), neck surgery (2013), right carpal tunnel release (2014), cortisone injection of right shoulder, right shoulder surgery (2014). Medications have included: Soma, Flector patch. Current work status: medically retired, modified duty. The request for authorization is for: CBC, CRP, CPK, Chem 8, hepatic- arthritis panel, x-ray of cervical spine with flexion and extension, CT myelogram of the cervical spine, magnetic resonance imaging of the cervical spine with and without contrast, electromyogram (EMG)-nerve conduction velocity (NCV) of the bilateral upper extremities, magnetic resonance imaging of the left shoulder, magnetic resonance imaging

arthrogram of the right shoulder, Flector patch quantity 30 with one refill, Soma 350mg quantity 60 with one refill. The UR dated 10-2-2015: non-certified the requests for CBC, CRP, CPK, Chem 8, hepatic- arthritis panel, x-ray of cervical spine with flexion and extension, CT myelogram of the cervical spine, magnetic resonance imaging of the cervical spine with and without contrast electromyogram (EMG)-nerve conduction velocity (NCV) of the bilateral upper extremities, magnetic resonance imaging of the left shoulder, magnetic resonance imaging arthrogram of the right shoulder, Flector patch quantity 30 with one refill, Soma 350mg quantity 60 with one refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CBC:** 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, specific drug list & adverse effects.

**Decision rationale:** According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen who is not taking NSAIDs, and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. CBC is not medically necessary.

**CRP:** Upheld

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

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

**Decision rationale:** According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen who is not taking NSAIDs, and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. CRP is not medically necessary.

**CPK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation San Vicente Blanco R, Perez Irazusta I, Ibarra Amarica J, Berraondo Zabalegui I, Uribe Oyarbide F, Urraca Garcia de Madinabeitia J, Samper Otxotorena R, Aizpurua Imaz I, Almagro Mugica F, Adres Novales J, Ugarte Libano R. Clinical practice guideline on the management of lipids as a cardiovascular risk factor. Vitoria-Gasteiz: Basque Health System-Osakidetza; 2008. 215 p.

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

**Decision rationale:** According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen who is not taking NSAIDs, and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. CPK is not medically necessary.

**Chem 8:** Upheld

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

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

**Decision rationale:** According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen who is not taking NSAIDs, and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Chem 8 is not medically necessary.

**Hepatic/arthritis panel:** Upheld

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

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

**Decision rationale:** According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen who is not taking NSAIDs, and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Hepatic/ arthritis panel are not medically necessary.

**Flector patch #30 with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Flector patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: They are not a first-line treatment. Recommended for short-term use (4-12 weeks) during the acute phase of the injury. Based on the patient's stated date of injury, the acute phase of the injury has passed. Flector patch #30 with one refill is not medically necessary.

**Soma 350mg #60 with one refill:** 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): Carisoprodol (Soma).

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #60 with one refill is not medically necessary.