

<b>Case Number:</b>	CM15-0199884		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with a date of injury on 3-12-09. A review of the medical records indicates that the injured worker is undergoing treatment for chronic hand pain. Progress report dated 9-21-15 reports continued complaints of bilateral hand pain with numbness and tingling. The pain is described as severe, constant, sharp, stabbing and throbbing with profound limitations. The pain radiates to the biceps and upper arms to the shoulders. No physical exam noted. Medical history was discussed. Diagnostics include: x-rays and nerve studies (reveal bilateral carpal tunnel syndrome). Treatments include: medication, therapy, injections, bracing and assistive devices. Request for authorization dated 9-28-15 was made for regular urinalysis with reflex to micro comprehensive metabolic panel (CMP) and CBC with differential. Utilization review dated 10-6-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis with reflex to micro comprehensive metabolic panel (CMP): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p92.

**Decision rationale:** The claimant sustained a work injury in March 2009 and continues to be treated for chronic bilateral hand pain. He underwent right upper extremity surgeries in July 2009, January 2010, February 2010, April 2011, and, in July 2012 an ulnar nerve decompression. When seen, he was having debilitating hand pain. No physical examination was recorded. Medications included Anaprox-DS. The assessment references the claimant as having been using medications for an extended period of time. Screening tests were requested to evaluate for the possibility of systemic side effects. Due to the potential adverse effects from chronic use of more than 2 months of non-steroidal anti-inflammatory medication patients should be periodically monitored for adverse effects including blood loss, renal insufficiency as manifested by an increased creatinine, and hepatic enzyme elevations. In this case appropriate testing would include a serum creatinine and hemoglobin and hematocrit and testing of liver enzymes. A CBC or urinalysis is not considered medically necessary.

**CBC with differential:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p92.

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