

Case Number:	CM15-0204229		
Date Assigned:	10/21/2015	Date of Injury:	02/19/2015
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45-year-old female who sustained an industrial injury on 2-19-15. The injured worker reported neck and right arm pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical radiculopathy and right shoulder subacromial impingement. Medical records dated 7-14-15 indicate pain rated at 8 out of 10. Provider documentation dated 7-14-15 noted the work status as temporary permanent disability. Treatment has included electromyography, nerve conduction velocity study, acupuncture treatment, Naproxen, and Hydrocodone. Objective findings dated 7-14-15 were notable for tenderness to palpation to the right trapezius, right acromioclavicular joint and lateral right shoulder region with decreased cervical range of motion. The original utilization review (9-24-15) denied a request for laboratory Studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory Studies: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: According to the guidelines, liver and renal function should be monitored for those at risk on NSAIDS or opioids. In this case, the claimant has a history of hypertension. The physician had initiated NSAID use. Monitoring of labs that include renal and liver function is medically necessary.