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| Case Number: | CM15-0036859 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 10/09/2013 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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: Texas, 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:

This a 53 year old male patient, who sustained an industrial injury on 10/9/13. The current diagnose include cervical strain, thoracic sprain, lumbar sprain, lumbar disc protrusion and lumbar neuritis. He sustained the injury due to lifting heavy objects. According to progress note dated 1/28/2015, he had complaints of intermittent moderate pain in the neck and intermittent less than moderate pain the in the upper thoracic region; frequent moderate pain within the lumbosacral region increased on the right with radiation; insomnia and depression. He noted increase in functional status, activities of daily living, walking, standing and decrease in industrial symptoms with medication. The physical examination revealed positive shoulder depression testing; positive cervical distraction, positive Bilateral Yeoman's and bilateral Kemp's testing; positive straight leg testing, bilateral Patrick Fabere, bilateral Nicholas test, positive Minor's test, positive Valsalva, Hoover's and skin pinch test for symptom magnification. The current medications list includes Neurontin, Norco, Ultram, Naproxen, Norflex and Protonix. He has had lumbar MRI on 12/12/2014, which revealed multilevel degenerative disc disease. He has had CMP on 7/29/2014 with normal findings. January 29, 2015, the primary treating physician requested authorization for CMP (complete metabolic panel) 3 times over the next 6 months to monitor liver and kidney functions. On February 11, 2015, the Utilization Review denied authorization for CMP (complete metabolic panel) 3 times over the next 6 months. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP (Compete metabolic panel) 3x over 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: Request: CMP (Compete metabolic panel) 3x over 6 months Per the cited guidelines regarding routine blood tests "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." Patient has been prescribed a NSAID- naproxen. A CMP (complete metabolic panel) test is medically appropriate to monitor liver and kidney function to monitor for the effects of NSAIDs. Patient has already had a CMP on 7/28/14 with normal findings. The cited guidelines recommended lab tests within 4 to 8 weeks after starting therapy. The rationale for frequent repeat CMP tests every 2 months is not specified in the records provided. There is evidence of symptom magnification per the records. Whether the pt is taking the NSAID/ naproxen every day or whether he is taking it occasionally on a prn basis, is not specified in the records provided. Evidence of co-morbid conditions like diabetes or hypertension is not specified in the records provided. The medical necessity of CMP (Compete metabolic panel) 3x over 6 months is not fully established for this patient.