

Case Number:	CM15-0043737		
Date Assigned:	03/13/2015	Date of Injury:	12/14/2014
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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 Jersey
 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 68 year old female, who sustained an industrial injury on December 14, 2014. She reported injuries to her back, neck, bilateral shoulder, bilateral arms, bilateral wrists, all fingers, bilateral legs and bilateral knees. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical muscle spasm, lumbar musculoligamentous injury, lumbar muscle spasm, left shoulder myoligamentous injury, right shoulder myoligamentous injury, left elbow myoligamentous injury, right elbow myoligamentous injury, left wrist sprain/strain, right wrist sprain/strain, left knee sprain/strain, right knee sprain/strain and right knee chondromalacia. Treatment to date has included diagnostic studies, chiropractic treatment and medications. Currently, the injured worker complained of neck, low back, bilateral shoulder, bilateral elbow, bilateral wrist and bilateral knee pain. The treatment plan included chiropractic treatment, medications, diagnostic studies, laboratory evaluation and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metabolic 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 Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that when prescribing NSAIDs, the recommendation is to measure liver enzymes as well as CBC and chemistry profile (including renal function testing) within 4-8 weeks after starting therapy. Interval and routine testing following this initial series has not been established. In the case of this worker, there was no clear indication to order a metabolic panel. There was evidence of her taking Meloxicam chronically leading up to this request, however, routine testing is not indicated for this. Therefore, without a more clear indication for ordering a metabolic panel, it will be considered medically unnecessary.