

<b>Case Number:</b>	CM15-0052449		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/06/2005
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Texas

Certification(s)/Specialty: Internal 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 42 year old male who sustained an industrial injury on 05/06/2005. Diagnoses include low back fusion, lumbar radiculopathy, chronic myofascial pain, and hypogonadism secondary to opioid use and insomnia secondary to chronic myofascial pain. Treatment to date has included medications, and home exercise. A physician progress note dated 02/03/2015 documents the injured worker is increasing his exercise activity. He has generalized soreness and pain with exercise. He is doing better with his overall pain control on Opana IR. Medication decreases his pain from a 9+ to 5+ on a Visual Analog Scale, which increases his function. His treatment plan is to continue his medications, home exercise, medication for muscle spasms, consider epidural steroid injection for radicular pain, and laboratory studies to evaluate liver and kidney function due to ongoing long term medication usage. Treatment requested is for CBC, CMP and Vitamin D3 test panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC, CMP and Vitamin D3 test panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Drug information.

**Decision rationale:** The MTUS is silent regarding the medical necessity for laboratory studies including CBC, CMP and vitamin D level. The IW is a 42 year old man with a history of obesity s/p gastric bypass, chronic low back pain and hypogonadism. According to UptoDate.com monitoring parameter s for Opana (oxymorphone) includes respiratory rate, heart rate, blood pressure, CNS activity; signs or symptoms of hypogonadism or hypoadrenalism. The patient's vital signs were stable. The documentation notes the patient has had labs in 3/14 and none since. The patient doesn't have any specific complaints that would necessitate monitoring these labs. The medications he is taking don't require monitoring by a CBC, CMP or vitamin d level. These labs are not medically necessary.