

Case Number:	CM15-0075085		
Date Assigned:	05/04/2015	Date of Injury:	12/01/2009
Decision Date:	09/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 12/01/2009. She reported injuries secondary to repetitive daily work activities. The injured worker was diagnosed as having cervical spine sprain/strain, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, and bilateral shoulder pain. Treatment to date has included x-rays of the cervical spine, electromyogram, trapezius and elbow injection, medication regimen, and physical therapy. In a progress note dated 03/10/2015 the treating physician reports complaints of neck pain that is rated a four to six out of ten, bilateral shoulder pain that is rated a six to seven out of ten, bilateral elbow pain that is rated a seven to eight out of ten, and bilateral wrist pain that is rated a five out of ten. The treating physician requested chiropractic/physiotherapy with manipulation three times four sessions to the cervical spine and bilateral upper extremities with American College of Occupational and Environmental Medicine Guidelines cited. The physician also requested the laboratory studies of a basic metabolic panel (Chemistry 8), hepatic function panel, creatine phosphokinase (CPK), C-reactive protein (CRP), arthritis panel, and a complete blood count (CBC), with the treating physician indicating the request of these laboratory studies for save evaluation of the injured worker's medication intake along with noting that a complete blood count, hepatic panel, and a basic metabolic panel are taken to assure that the injured worker's medication regimen is safely being metabolized and excreted. The physician also noted that an arthritis panel, creatine phosphokinase, and a C-reactive protein are obtained to evaluate for any underlying metabolic inflammatory disorders that would counteract with the physician's treatment of the injured worker. The treating physician also requested the medication of

Ibuprofen 800mg with a quantity 60, but the documentation provided did not contain the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/Physio plus Manipulation 3 x 4 for 12 sessions, Cervical Spine and Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Patient as completed at least 3 sessions of physical therapy to date. Additional chiro/physio plus manipulation 3 x 4 for 12 sessions, cervical spine and bilateral upper extremities is not medically necessary.

Ibuprofen 800mg, #60, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 800mg, #60, 2 refills is not medically necessary.

Lab Panel Chem 8: Overturned

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 Page(s): 70.

Decision rationale: According to the MTUS, the 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; however, it does not appear that the patient has had previous recommended lab studies. I am reversing the previous utilization review decision. Lab Panel Chem 8 is medically necessary.

Lab Panel CBC: Overturned

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 Page(s): 70.

Decision rationale: According to the MTUS, the 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; however, it does not appear that the patient has had previous recommended lab studies. I am reversing the previous utilization review decision. Lab Panel CBC is medically necessary.

Lab panel CRP: 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 Page(s): 70.

Decision rationale: According to the MTUS, the 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. The requested test is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Lab panel CRP is not medically necessary.

Lab Panel CPK: 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 Page(s): 70.

Decision rationale: According to the MTUS, the 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. The requested test is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Lab Panel CPK is not medically necessary.

Lab Panel Hepatic Function: Overturned

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 Page(s): 70.

Decision rationale: According to the MTUS, the 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; however, it does not appear that the patient has had previous recommended lab studies. I am reversing the previous utilization review decision. Lab Panel Hepatic Function is medically necessary.

Lab Panel Arthritis 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 Page(s): 70.

Decision rationale: According to the MTUS, the 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. The requested test is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Lab Panel Arthritis Panel is not medically necessary.