

<b>Case Number:</b>	CM15-0083547		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 54 year old male, who sustained an industrial injury on 8/11/2005. Diagnoses have included failed back syndrome, lumbar disc desiccation L1-2 and L2-3, lumbar stenosis at L3-4, lumbar spine hypertrophic facet joint, lumbar radiculopathy, chronic pain and chronic reactive clinical depression. Treatment to date has included lumbar fusion, spinal cord stimulator trial (failed) and medication. According to the pain management report dated 2/16/2015, the injured worker suffered from chronic, intractable pain affecting his back and his legs. He rated the intensity of the symptoms as 8-9 at worst; the level with medications was rated 4-5. Current medications included MS Contin, Cymbalta, Norco and Elavil. Physical exam revealed moderate tenderness to palpation over the L4-5 and L5-S1 lumbar interspaces. Range of motion of the lumbar spine was limited. The injured worker walked with a cane with decreased weight-bearing in the right lower extremity. Authorization was requested for complete laboratory studies (including CBC, CMP, urinalysis and PTT).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab complete:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthcarecompliance.info/cbc.htm>

(last updated 04/02/2015)<http://www.healthcarecompliance.info/cmp.htrn> (last updated 04/02/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, p. 70, AND Acetaminophen, p. 12.

**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. With acetaminophen use, it is reasonable to consider testing for liver enzymes and/or renal function testing performed within a few weeks of starting therapy when using moderate to high doses of acetaminophen or in all patients (any dose) with a history of alcohol use (for liver enzymes) or with renal insufficiency (for renal function testing) if taking it for longer than 5 days or so due to its potential for hepatotoxicity and renal toxicity. In the case of this worker, the request for laboratory studies (CBC, CMP, U/A, and PTT) was not supported by sufficient documented reasoning for the testing. The worker was taking acetaminophen, however, there was no clearly stated reasoning for the panel of tests ordered. Therefore, it is difficult to assess for medical necessity with only the submitted prior notes and no explanation. The request for "lab complete" will therefore, be considered medically unnecessary until this can be presented for review.