

Case Number:	CM15-0231003		
Date Assigned:	12/04/2015	Date of Injury:	04/06/2005
Decision Date:	01/11/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/24/2015

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: Emergency 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 66-year-old female who sustained an industrial injury on 4-6-05. The injured worker reported bilateral upper extremity discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome. Treatment has included Morphine since at least April of 2015, Mobic since at least April of 2015, Gabapentin since at least April of 2015, Cymbalta since at least July of 2015, Nortriptyline since at least April of 2015, home exercise program, Duloxetine since at least April of 2015, Voltaren gel since at least April of 2015. Objective findings dated 10-22-15 were notable for right hand with "moderate swelling" tenderness to palpation to the metacarpophalangeal joint and proximal interphalangeal joint, positive bilateral Tinel's signs, wrist and extensor range of motion limited by pain. The original utilization review (10-28-15) denied a request for CBC (complete blood test), Renal panel (BUN-CR-GFR) and Liver function test (ALT-AST).

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (complete blood test): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The requested CBC (complete blood test), is medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, Page 70, note "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 injured worker has bilateral upper extremity discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome. Treatment has included Morphine since at least April of 2015, Mobic since at least April of 2015, Gabapentin since at least April of 2015, Cymbalta since at least July of 2015, Nortriptyline since at least April of 2015, home exercise program, Duloxetine since at least April of 2015, Voltaren gel since at least April of 2015. Objective findings dated 10-22-15 were notable for right hand with "moderate swelling" tenderness to palpation to the metacarpophalangeal joint and proximal interphalangeal joint, positive bilateral Tinel's signs, wrist and extensor range of motion limited by pain. The treating physician has documented that the injured worker has been prescribed NSAID for a significant time period and thus established the medical necessity for periodic blood testing to assess for possible medication-induced side effects. The criteria noted above having been met, CBC (complete blood test) is medically necessary.

Renal panel (BUN/CE/GFR): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The requested Renal panel (BUN/CE/GFR) is medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, Page 70, note, "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 injured worker has bilateral upper extremity discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome. Treatment has included Morphine since at least April of 2015, Mobic since at least April of 2015, Gabapentin since at least April of 2015, Cymbalta since at least July of 2015, Nortriptyline since at least April of 2015, home exercise program, Duloxetine since at least April of 2015, Voltaren gel since at least April of 2015. Objective findings dated 10-22-15 were notable for right hand with "moderate swelling" tenderness to palpation to the metacarpophalangeal joint and proximal interphalangeal joint, positive bilateral Tinel's signs, wrist and extensor range of motion limited by pain. The treating physician has documented that the injured worker has been prescribed NSAID for a significant time period and thus established the medical necessity for periodic blood testing to assess for possible medication-induced side effects. The criteria noted above having been met, Renal panel (BUN/CE/GFR) is medically necessary.

Liver function test (ALT/AST): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The requested Liver function test (ALT/AST) is medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note, "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 injured worker has bilateral upper extremity discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome. Treatment has included Morphine since at least April of 2015, Mobic since at least April of 2015, Gabapentin since at least April of 2015, Cymbalta since at least July of 2015, Nortriptyline since at least April of 2015, home exercise program, Duloxetine since at least April of 2015, Voltaren gel since at least April of 2015. Objective findings dated 10-22-15 were notable for right hand with "moderate swelling" tenderness to palpation to the metacarpophalangeal joint and proximal interphalangeal joint, positive bilateral Tinel's signs, wrist and extensor range of motion limited by pain. The treating physician has documented that the injured worker has been prescribed NSAID for a significant time period and thus established the medical necessity for periodic blood testing to assess for possible medication-induced side effects. The criteria noted above having been met, Liver function test (ALT/AST) is medically necessary.