

<b>Case Number:</b>	CM14-0132194		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59 years old female with an injury date on 10/07/2008. Based on the 07/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Bilateral wrist pain. 2. Left carpal tunnel syndrome. According to this report, the patient complains of chronic pain with numbness and tingling in the right hand. Physical exam reveals a well- healed left wrist scar. Durkan's test is positive. Tenderness is noted along the volar aspect of the forearm in the musculotendinous junction down to the wrist. The patient's current medications were not provided in the reports for review. There were no other significant findings noted on this report. The utilization review denied the request on 08/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/27/2014 to 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab Work: CBC (Complete Blood Count), Hepatic panel and Chemistry 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CBC; Carbamazepine, routine suggested monitoring Page(s): 21, 70.

**Decision rationale:** According to the 07/14/2014 report by [REDACTED] this patient presents with of chronic pain with numbness and tingling in the right hand. The treater is requesting Lab work: CBC (complete blood count), Hepatic panel and chemistry 8 "to make sure it is safe for the patient to metabolize and excrete medications."The utilization review denial letter states There is not mention of any specific acute medical complications occurring or acute medical changes occurring to support the need for any specific lab work at this point. Regarding CBC, MTUS support CBC monitoring for patients on Tegretol but this patient is not on Tegretol. Furthermore, MTUS page 70 states, CBC and chemistry profile is recommended for patient on NSAID. Review of reports does not show the patient is no NSAID or Tegretol. Therefore, recommendation is for denial.