

<b>Case Number:</b>	CM14-0134503		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Family Medicine 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:

63 year old female claimant sustained a work injury on 6/14/05 involving the neck. She was diagnosed with spondylosis. Her pain had been managed with Relafen. A progress note on 10/2/12 indicated the physician requested a comprehensive metabolic panel (CMP) due to chronic medication use. On 3/25/13, the treating physician ordered another CMP due to chronic medication use. The claimant remained on Relafen. On 8/5/14, another CMP was ordered for the same reason.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Metabolic 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 NSAIDs.

**Decision rationale:** Relafen is an NSAID. According to the MTUS guidelines, use of NSAIDs may compromise renal function. Routine Suggested Monitoring: 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. Routine blood pressure monitoring is recommended. In this case, there was no lab results provided indicated need for continued frequent monitoring. There are no established intervals for testing. Since prior labs were not provided and there was no indication to suggest abnormalities, the request for an additional CMP is not medically necessary.