MAXIMUS Federal Services

Case Number:	CM14-0138739		
Date Assigned:	09/05/2014	Date of Injury:	07/06/2012
Decision Date:	10/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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 Orthopedic Surgery 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:

This is a 49 year old male with a 7/6/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/15/14 noted subjective complaints of shoulder and back pain. It is noted that the patient underwent laboratory monitoring at this time to make sure that he can safely metabolize and excrete these medications. Prescribed medications include ibuprofen and tramadol. Objective findings included shoulder positive impingement sign. Diagnostic Impression: bursitis of right shoulder, lumbar radiculopathyTreatment to Date: medication managementA UR decision dated 8/8/14 denied the request for labs at next office visit - CBC, hepatic panel, and chem 8. The IW (injured worker) had not been authorized ibuprofen in the past 4 months. Hence the request for the labs is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab tests at next office visit - Complete Blood Count (CBC), Hepatic Panel, and Chem 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: CA MTUS guidelines state that for routine suggested monitoring: package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profiles (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4-8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. However, it is noted that the patient has just undergone lab test monitoring on 7/15/14. There is no clear rationale for repeat bloodwork in just 3 months with his next office visit in October. Therefore, the request for lab tests at next office visit - complete blood count (CBC), hepatic panel, and chem 8 was not medically necessary.