

Case Number:	CM14-0148244		
Date Assigned:	09/18/2014	Date of Injury:	09/10/1996
Decision Date:	11/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 67 year old female with a date of injury on 9/10/96. Per the office visit from July 29, 2014, her diagnoses include cervical strain, cervical radiculopathy, adjustment disorder, lumbar sprain, thoracic sprain, bilateral shoulder sprain, bilateral wrist sprain, bilateral carpal tunnel syndrome, left knee derangement, left ankle sprain and left lower extremity radiculopathy. She takes Naproxen and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial lab panels (Chem 6, CPK, CRP, CBC, Arthritis Panel, Hepatic Functioning Panel):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

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

Decision rationale: This worker has been taking non-steroidal anti-inflammatory drugs (NSAIDs) for diffuse musculoskeletal pain. Per the Medical Treatment Utilization Schedule (MTUS), use of non-steroidal anti-inflammatory drugs (NSAIDs) may compromise renal function. Routine Suggested Monitoring: Package inserts for non-steroidal anti-inflammatory

drugs (NSAIDs) recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile, which includes 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. A request has been made for Chem 6, Creatine Phosphokinase (CPK), C-reactive protein (CRP), complete blood count (CBC), arthritis panel, hepatic functioning panel. Creatine Phosphokinase (CPK), C-reactive protein (CRP), and arthritis panel are not recommended; therefore this request is not medically necessary.