

Case Number:	CM14-0160322		
Date Assigned:	10/03/2014	Date of Injury:	12/06/2003
Decision Date:	11/04/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 37 year old male with a 12/6/2003 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/1/14 noted subjective complaints of low back pain radiating into the right lower extremity. Objective findings included antalgic gait and lumbar paraspinal tenderness. The patient is noted to be taking diclofenac. Diagnostic Impression: low back pain with radicular symptoms, left knee strain. Treatment to Date: medication management, ESI. A UR decision dated 8/28/14 denied the request for blood work - CBC, cyclave metabolic rate. There is a lack of documentation regarding previous lab testing (if any) and the length of treatment with the medication to determine medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work- CBC, Cyclave metabolic rate: 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, 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, with a 2012 original date of injury it is unclear how long the patient has been on NSAIDs for. There is no documentation of when the patient last had blood work performed. Additionally, it is unclear what test the provider is referring to with the request for cyclave metabolic rate. Therefore, the request for blood work - CBC, cyclave metabolic rate was not medically necessary.