

Case Number:	CM14-0168088		
Date Assigned:	10/15/2014	Date of Injury:	06/18/2001
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 76 year old employee with date of injury of 6/8/2001. Medical records indicate the patient is undergoing treatment for s/p lumbar fusion at L4-L5, muscle spasm, degeneration lumbar/lumbosacral intervertebral disc, post laminectomy syndrome of the lumbar spine, lumbago and thoracic or lumbosacral neuritis or radiculitis, unspecified. Subjective complaints include low back pain on the right that radiates to the right groin. She has difficulty sleeping, shortness of breath; she bruises easily and has abdominal pain. Her pain is aggravated by walking, standing and sitting for long periods. Rest alleviates her pain. Objective findings include normal and symmetric upper and lower deep tendon reflexes, normal motor strength, slightly exaggerated kyphosis and a positive straight leg raise at 70 degrees with low back pain. She has a stiff gait and walks heel to toe with imbalance. She has decreased range of motion with low back pain at the L3-L4 level and intact sensation to light touch. Treatment has consisted of functional lumbar corset, Tramadol and Ibuprofen. The utilization review determination was rendered on 9/24/14 recommending denial of CMP lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP lab work: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "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." The medical records provided indicate that the patient had blood work in January and August. The details of those results were not provided. The treating physician does not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate a repeat CMP and lab work. As such, the request for CMP lab work is not medically necessary.