

<b>Case Number:</b>	CM14-0179827		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	03/23/2007
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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:

Pursuant to the progress report dated September 19, 2014, the IW has complains of continued total body pain, chronic fatigue, and problems sleeping. Objective findings include no new joint swelling, normal neurologic exam, no rheumatoid arthritis deformities, and trigger point tenderness 12+. The IW was diagnosed with myalgia, myositis, and inguinal hernia. Current medications include Gabapentin, Colace, Zanaflex, Cymbalta, Pantoprazole, and Losartan. The plan is to continue medications. The treatment plan is to continue medications. There is no documentation as to why the provider has requested a CMP and a UA based on the medical records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Other- CMP:** 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 History and Physical Exam Page(s): 6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, the CMP is not medically necessary. Thorough history taking is always important in clinical assessment and

treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, a CMP was ordered. However, there was no documentation to support the need or explain the rationale behind ordering the blood test (CMP). The injured worker takes losartan, pantoprazole and Celexa. Consequently, the CMP is not medically necessary.

**Other- UA:** 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 History and Physical Exam Page(s): 6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, the urine analysis was not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, a UA (urine analysis) was ordered. However, there was no documentation to support the need for explain the rationale behind ordering a urine analysis. The injured worker takes losartan, pantoprazole and Cymbalta. Consequently, the urine analysis is not medically necessary.