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| Case Number: | CM14-0180130 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 06/26/2008 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 46-year old female who was injured at work on 06/26/2008. She is reported to be complained of neck pain, and right hand numbness, low back pain and right foot numbness. The physical examination revealed pain during range of motion testing, decreased sensation in the right upper extremity, exaggerated deep tendon reflexes in the upper limbs, positive Hoffman's test right greater than left. The worker has been diagnosed of Cervicalgia, C3-C4 disc desiccation, stress induced Rosacea dermatitis, adjustment disorder with anxiety and depression and conversion disorder, chronic pain syndrome, bilateral borderline carpal tunnel syndrome, status post cervical fusion, post-traumatic stress disorder secondary to cervical fusion, thoracic outlet syndrome, myofascial pain syndrome, Fibromyalgia. Treatments have included Tramadol, Mobic, Tizanidine, Nexium, Melatonin, Minocycline, DHEA, Baclofen, and Lidoderm patch. On 09/24/14, the provider made request for Cervical MRI with and without contrast; also, the provider made a request for BMP/BUN and creatinine prior to the Cervical MRI. However, the Cervical MRI request was denied. At dispute is the request BMP/BUN and creatinine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: BMP/BUN and creatinine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The injured worker sustained a work related injury on 06/26/2008. The medical records provided indicate the diagnosis of cervicgia, C3-C4 disc desiccation, and stress induced Rosacea dermatitis, adjustment disorder with anxiety and depression and conversion disorder, chronic pain syndrome, bilateral borderline carpal tunnel syndrome, status post cervical fusion, post-traumatic stress disorder secondary to cervical fusion, thoracic outlet syndrome, myofascial pain syndrome, Fibromyalgia. Treatments have included Tramadol, Mobic, Tizanidine, Nexium, Melatonin, Minocycline, DHEA, Baclofen, and Lidoderm patch the medical records provided for review do not indicate a medical necessity for BMP/BUN and creatinine. It is appropriate to test this injured worker who has been on long term use of Mobic for BMP/BUN and creatinine, as is recommended by the MTUS. The MTUS further states that Package inserts for NSAIDs recommend periodic lab monitoring of a Complete Blood Counts and chemistry profile (including liver and renal function tests). The recommendation is to measure liver transaminases within 4 to 8 weeks after starting therapy. However, since this request is a pre-evaluation BMP/BUN and creatinine for Cervical MRI, which has been denied, the requested test is not medically necessary.