

<b>Case Number:</b>	CM14-0203216		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/06/2006
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Chiropractor

### 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 57-year-old female who reported an injury on 12/06/2006. The mechanism of injury was not stated. The current diagnoses include cervical spine sprain, rule out discopathy; lumbar spine sprain, rule out discopathy; right knee sprain, rule out internal derangement; right lower extremity radiculitis; right ankle sprain; and right peroneal tendonitis. The injured worker presented on 02/20/2014 with complaints of ongoing pain with activity limitation. Upon examination, there was limited range of motion of the cervical spine, tenderness over the bilateral paracervical spine and trapezial muscles, tenderness along the anterior deltoid of the right shoulder, discomfort at the L4-5 and L5-S1 levels, positive seated straight leg raise on the right at 80 degrees, positive supine straight leg raise at 80 degrees on the right, positive McMurray's sign of the right knee, tenderness to palpation along the medial and lateral joint line of the right knee, tenderness along the peroneal tendon and anterior talofibular ligament, diminished sensation to pinprick and light touch in the L5 distribution on the right. Recommendations at that time a CBC and Chem-20 panel regarding chronic medication use. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab work: CBC:** 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 Page(s): 70.

**Decision rationale:** The California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 week after starting therapy. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to the kidney or liver function. According to the documentation provided, the injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.