

Case Number:	CM14-0211628		
Date Assigned:	12/24/2014	Date of Injury:	02/19/2012
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 patient is a 52-year-old female who has submitted a claim for discogenic lumbar disease, chronic pain syndrome, hypertension, headache and insomnia associated with an industrial injury date of 2/19/2012. Medical records from 2011 to 2014 were reviewed. The patient complained of low back pain and wrist pain. She likewise had issues with sleep and depression. Physical examination showed a blood pressure of 185/104 mmHg, pulse rate of 73 beats per minute, limited lumbar motion and tenderness at paralumbar muscles. Treatment to date has included transforaminal epidural steroid injection, TENS, acupuncture, trigger point injection, chiropractic care, physical therapy and medications such as Effexor, Protonix, tramadol and gabapentin. The utilization review from 12/1/2014 denied the request for labs: complete blood count (CBC), comprehensive metabolic panel (CMP), urinalysis (UA) because of no documented rationale for such tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS: Complete blood count (CBC), Comprehensive metabolic panel (CMP) , Urinalysis (UA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70, 77-80 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient's current treatment regimen includes Effexor, Protonix, tramadol and gabapentin. She is a known case of discogenic lumbar disease, chronic pain syndrome, hypertension, headache and insomnia. However, there is no documented rationale concerning the requested laboratory tests. The medical necessity cannot be established due to insufficient information. Therefore, the request for labs: complete blood count (CBC), comprehensive metabolic panel (CMP), urinalysis (UA) is not medically necessary.