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| Case Number: | CM14-0217521 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 08/17/2009 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 74-year-old gentleman with a date of injury of 08/17/2009. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/11/2014 indicated the worker was experiencing neck and lower back pain. The documented examination described tenderness in the lower back muscles with spasms and decreased motion in the lower back joints. The submitted and reviewed documentation concluded the worker was suffering from lumbar degenerative disk disease with radiculopathy and chronic pain syndrome. Treatment recommendations included medications and blood tests looking at liver and kidney function. A Utilization Review decision was rendered on 12/09/2014 recommending non-certification for the complete blood count (CBC) and comprehensive metabolic panel (CMP) groups of laboratory blood tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lab panel, CBC, CMP (complete blood count, complete metabolic panel): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; Opioids Page(s): 11-12; 74-95. Decision based on Non-MTUS Citation Complete blood count (CBC). MedlinePlus Medical Encyclopedia. <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>. Accessed 02/11/2015. Chemistry panels. <http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 02/11/2015. Gabapentin: Drug Information. Topic 8483, version 153.0.0. UpToDate, accessed 03-01-2015.

Decision rationale: A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the different parts of the blood in several different ways. A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, blood cholesterol levels, kidney function, and liver function. The submitted and reviewed documentation indicated the worker was experiencing neck and lower back pain and was taking an opioid medication with acetaminophen and gabapentin. These medications can put increased stress on the liver and kidney and/or can have different side effects, complications, and dosing if the kidneys and/or liver are not working properly. The MTUS Guidelines support occasional monitoring. In light of this supportive evidence, the current request for the complete blood count (CBC) and comprehensive metabolic panel (CMP) groups of laboratory blood tests is not medically necessary.