

<b>Case Number:</b>	CM15-0014721		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/18/2007
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male who reported an injury on 02/18/2007. The mechanism of injury was not stated. The current diagnosis is neck pain. The latest physician progress report submitted for review is documented on 01/08/2014. The injured worker presented with ongoing neck stiffness and pain. The injured worker continued to work full time without restrictions. The current medication regimen includes ibuprofen 800 mg, Vicodin ES 7.5 mg, Ambien CR 12.5 mg, and Excedrin PM. Upon examination, there was mildly decreased range of motion of the cervical spine with intact sensation. Recommendations at that time included continuation of the current medication regimen and a followup visit in 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 complete blood count once/year between 01/08/2015 and 04/14/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Austin (TX): University of Texas at Austin, School of Nursing; 2010 May 21. 18 p. [36 references]

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** 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 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations every year. Given the above, the request is not medically appropriate.

**1 comprehensive metabolic panel once/year between 01/08/2015 and 04/14/2015:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Austin (TX): University of Texas at Austin, School of Nursing; 2010 May 21. 18 p. [36 references]

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** 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 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations every year. Given the above, the request is not medically appropriate.

**Ambien 12.5mg (QTY not listed) between 01/08/2015 and 04/14/2015:** 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) Pain Chronic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia disorder. There is no specific frequency or quantity listed in the request. There was no recent physician progress report submitted for this review. Given the above, the request is not medically appropriate.

**Ibuprofen 800mg (QTY not listed) between 01/08/2015 and 04/14/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended as a second line option after acetaminophen for acute exacerbations of chronic pain. Guidelines do not recommend long term use of NSAIDs. The injured worker has continuously utilized the above medication. There was no recent physician progress report submitted for review. There is no specific frequency or quantity listed. Given the above, the request is not medically necessary.