

<b>Case Number:</b>	CM15-0019035		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on 08/05/2011. On provider visit dated 01/09/2015 the injured worker has reported upper back pain radiating to the cervical spine and left knee pain. On examination the left knee range of motion was decreased, tenderness was noted; the spine was noted to have tenderness over the paraspinous musculature region of the thoracic level 5 - 6 with a decreased range of motion. The diagnoses have included thoracic thoracolumbar sprain/strain, status post left knee arthroscopy, occurring on 3/6/2013 and left knee pain. Treatment to date has included opioids NSAIDs and topical analgesics. . Treatment plan included laboratory studies. On Utilization Review non-certified Labs - CBC, Hepatic Panel and Chem 8, as not medically necessary. The Non-MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab: complete blood count (CBC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Management of acute low back pain, page 1

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). 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. Similarly opioids/Tylenol are metabolized by the liver and may require liver monitoring. In this case, the claimant has had previous CBC. The results and prior frequency was no provided. There is no history of renal or liver disease. The repeat testing is not justified based on the information provided.

**Lab: hepatic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Management of acute low back pain, page 1

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids/NSAIDS Page(s): 67, 82-92.

**Decision rationale:** According to the guidelines, Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). 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. Similarly opioids/Tylenol are metabolized by the liver and may require liver monitoring. In this case, the claimant has had previous CBC. The results and prior frequency was no provided. There is no history of renal or liver disease. The repeat testing is not justified based on the information provided.

**Lab: chem 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Management of acute low back pain, page 1

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, opioids Page(s): 67,82-92.

**Decision rationale:** According to the guidelines, Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). 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. Similarly opioids/Tylenol are metabolized by the liver and may require liver monitoring. In this case, the claimant has had previous CBC. The results and prior frequency was

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