

<b>Case Number:</b>	CM15-0111739		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/06/2006
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old male who reported an industrial injury on 8/6/2006. His diagnoses, and/or impressions, are noted to include: right shoulder adhesive capsulitis; chronic right shoulder pain; status-post partial acromionectomy of the right shoulder with release coraco- acromial ligament; and insomnia secondary to pain. No current imaging studies are noted. His treatments have included home exercises; medication management; and a return to modified, then full work duties. The history notes low hemoglobin and the inability to take oral anti- inflammatories. The progress notes of 4/9/2015 noted complaints of persistent, moderate and radiating right shoulder pain, into the right arm, aggravated by repeated activity, and helped by pain medications for which he is requesting a refill, and for which give no adverse effects. Objective findings were noted to include stable vital signs; positive "CVS" to the sacral spine; positive gastric reflux; positive musculoskeletal pain; tenderness in the right acromioclavicular and glenohumeral joints; and discomfortable range-of-motion in the shoulder. The physician's requests for treatments were noted to include a complete blood count and basic metabolic panel screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab screen to include CBC and BMP:** Overturned

**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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Guidelines: Complete Blood Count (<http://labtestsonline.org/understanding/analytes/cbc/tab/test>).

**Decision rationale:** Regarding the request for CBC and BMP, the California MTUS and ODG do not address this issue. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. A basic metabolic panel is a serum test to evaluate kidney function and test electrolyte concentrations. In a progress note from April 2015, there is documentation of low hemoglobin in the past due to NSAIDs and therefore a follow-up lab result would be needed. Furthermore, the BMP can evaluate kidney function which is reasonable since Norco is in part excreted renally, and awareness of kidney function is important. In light of the above issues, the currently requested CBC and BMP are medically necessary.

**Baclofen 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This medication has been prescribed since at least December 2014. Given this, the currently requested Baclofen is not medically necessary.