

<b>Case Number:</b>	CM15-0117652		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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:

This 38 year old woman sustained an industrial injury on 10/29/2012. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 9/17/2014, electromyogram/nerve conduction studies of the bilateral upper extremities dated 12/22/2012, and undated x-rays of the right wrist and hand. Diagnoses include right pronator tunnel, right De Quervain's tenosynovitis, right carpal tunnel syndrome, left wrist tendinitis, and right epicondylitis. Treatment has included oral medications, physical therapy, acupuncture, and surgical intervention. Physician notes dated 5/15/2015 show complaints of right hand, right forearm, and left wrist pain with numbness and tingling. Recommendations include ART unit purchase, Ultram ER, Terocin patch, Percocet, laboratory testing, pain management consultation, Anaprox, Prilosec, Xanax, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis with reflex to micro, for the submitted diagnosis of PN Pronator Tunnel (right), as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 and [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids and NSAIDs. Topical analgesics Page(s): 67, 82-92, 111-112.

**Decision rationale:** According to the guidelines, those at high risk for liver or kidney disease should use opioids and NSAIDs with caution and may require monitoring of kidney and liver function. In this case, the claimant has PR pronator Tunnel and was treated with opioids, oral NSAIDs and topical analgesics containing NSAIDs. There was no indication of abuse of medication or addiction. No evidence of prior abnormal urinalysis. The request for a Urinalysis is not substantiated and not medically necessary.

**Complete Metabolic Panel (CMP), for the submitted diagnosis of PN Pronator Tunnel (right), as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 and [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids and NSAIDs. Topical analgesics Page(s): 67, 82-92, 111-112.

**Decision rationale:** According to the guidelines, those at high risk for liver or kidney disease should use opioids and NSAIDs with caution and may require monitoring of kidney and liver function. In this case, the claimant has PR pronator Tunnel and was treated with opioids, oral NSAIDs and topical analgesics containing NSAIDs. There was no indication of abuse of medication or addiction. No evidence of prior abnormal renal or liver function tests. The request for a CMP is not substantiated and not medically necessary.

**CBC and differential, for the submitted diagnosis of PN Pronator Tunnel (right), as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov/content](http://www.guideline.gov/content).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids and NSAIDs. Topical analgesics Page(s): 67, 82-92, 111-112.

**Decision rationale:** According to the guidelines, those at high risk for liver or kidney disease should use opioids and NSAIDs with caution and may require monitoring of kidney and liver function. In this case, the claimant has PR pronator Tunnel and was treated with opioids, oral NSAIDs and topical analgesics containing NSAIDs. There was no indication of anemia or infection from the diagnoses or any medications that would cause an abnormality in the CBC. There was no mention of GI bleed from NSAID use. The request for a CBC is not

justified and not medically necessary.