

<b>Case Number:</b>	CM15-0144013		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii  
 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 62 year old female who sustained an industrial injury on 08-30-10. Initial complaints and diagnoses are not available. Treatments to date include medications, cognitive behavioral therapy, and physical therapy. Diagnostic studies include electrodiagnostic studies of the upper and lower extremities. Current complaints include neck, back, right knee, and left elbow pain. Current diagnoses include neck and lumbar spine sprain and strain, degenerative lumbar disc, and lateral epicondylitis of the elbow. In a progress note dated 06-04-15 the treating provider reports the plan of care as a blood test, a complete metabolic panel, to assess liver and kidney function, medications including Neurontin, vistaril, and Cymbalta, as well as continued cognitive behavioral therapy. The requested treatments includes a complete metabolic panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One blood test (CMP) to monitor kidney and liver function:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The patient presents with neck, back, right knee, and left elbow pain. The current request is for one blood test (CMP) to monitor kidney and liver function. The treating physician states, in a report dated 06/04/15, "Considering chronic use of multiple medications, request auth for blood test (CMP) to monitor kidney and liver function." (3B) The MTUS guidelines do support periodic monitoring of the liver and kidneys for patients that are prescribed NSAIDs and are at risk. In this case, the patient is not prescribed any NSAIDs as the list of medications states Vicodin, Neurontin, Vistaril and Protonox. The current request is not medically necessary.