

Case Number:	CM15-0063404		
Date Assigned:	04/09/2015	Date of Injury:	06/01/1993
Decision Date:	05/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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: Internal Medicine

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 58 year old male, who sustained an industrial injury on 6/1/1993. He reported low back pain. The injured worker was diagnosed as having status post lumbar fusion (4 times), lumbar sprain/strain with chronic degenerative joint disease, left and right leg radiculopathy, and failed back syndrome. Treatment to date has included medications, chiropractic treatment, ice, heat, stretching, and transcutaneous electrical nerve stimulation (TENS). The request is for outpatient periodic blood work and periodic blood testing. A PR-2 dated 2/26/2015, indicates he reports feeling better with medications. He states Tramadol and Anaprox give him the functional benefit he needs. At the worst he rates his back pain level as 9-10/10, at the least 5/10, and average pain is 6-7/10. He indicates he used to have a TENS unit, which he felt helped with neuropathic pain, however it wore out and he would like to have a new one. A PR-2 dated 3/26/2015, after the UR report date, has been submitted for this review. The treatment plan included: Prilosec, Anaprox, Tramadol, Gabapentin, and a request for TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodic blood work: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment:Labs Page(s): 23,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. On February 26, 2015, the patient was prescribed Anaprox (Naproxen), which a nonsteroidal anti-inflammatory drug (NSAID). MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests for patient prescribed NSAIDs. The primary treating physician's progress report dated February 26, 2015 documented the diagnoses of status post lumbar fusion, lumbar sprain and strain with chronic degenerative joint disease, left and right leg radiculopathy, and failed back syndrome. The patient was prescribed Prilosec, Anaprox, Tramadol, and Gabapentin. Outpatient periodic blood work and periodic blood testing were requested. The laboratory tests that would be included in the blood work were not specified. The frequency and the duration of the laboratory monitoring were not specified. Because the future condition of the patient and medication regimen are unknowns, a request for periodic blood work and periodic blood testing indefinitely is not supported. Therefore, the request for periodic blood work and periodic blood testing is not medically necessary.

Periodic Blood testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. On February 26, 2015, the patient was prescribed Anaprox (Naproxen), which a nonsteroidal anti-inflammatory drug (NSAID). MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests for patient prescribed NSAIDs. The primary treating physician's progress report dated February 26, 2015 documented the diagnoses of status post lumbar fusion, lumbar sprain and strain with chronic degenerative joint disease, left and right leg radiculopathy, and failed back syndrome. The patient was prescribed Prilosec, Anaprox, Tramadol, and Gabapentin. Outpatient periodic blood work and periodic blood testing were requested. The laboratory tests that would be included in the blood work were not specified. The frequency and the duration of the laboratory monitoring were not specified. Because the future condition of the patient and medication regimen are unknowns, a request for periodic blood work and periodic

blood testing indefinitely is not supported. Therefore, the request for periodic blood work and periodic blood testing is not medically necessary.