

Case Number:	CM15-0067620		
Date Assigned:	04/15/2015	Date of Injury:	07/09/2009
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 28 year old female who sustained an industrial injury on 7/9/2009. Her diagnoses, and/or impressions, include: right carpal tunnel syndrome, with swelling, status post surgery in 2010; left wrist and hand involvement - probable carpal tunnel findings; discogenic cervical condition with facet inflammation and headache; and right-sided shoulder pain (no coverage until qualified medical examination); bilateral shoulder impingement syndrome; cervicogenic headaches; as well as depression, anxiety and sleep issues secondary to pain. No current magnetic resonance imaging studies are noted. Her treatments have included transcutaneous electrical stimulation unit therapy (small unit); hot/cold therapy; and medication management. The progress notes of 3/10/2015, noted complaints of ongoing pain in the neck and shoulder, and problems with the left wrist and hand, sleep, stress and depression. The physician's requests for treatments included blood testing for the liver and kidney, secondary to chronic medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs and the liver: Metabolism and mechanisms of injury by Anee Larsen, MD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain related to a work injury dated 07/09/2009. The patient had wrist surgery for CTS in 2010. The patient receives medications including gabapentin, tramadol, protonix, Nalfon, and trazodone. Certain medications, for example NSAIDs should be avoided with the estimated GFR goes below 60. Some medications require liver enzyme levels to be monitored. The documentation is not clear on when the last laboratory tests were taken. The documentation does not make clear what the exact indications are for the tests or if these tests are actually a repetition of certain tests. Based on the documentation presented, "blood testing" is not medically indicated.