

Case Number:	CM15-0071590		
Date Assigned:	04/21/2015	Date of Injury:	08/28/2014
Decision Date:	06/23/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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: New York
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 67 year old female who sustained an industrial injury on 8/28/14. The injured worker reported symptoms in the back. The injured worker was diagnosed as having low back pain and lumbar spine radiculopathy. Treatments to date have included a single point cane, activity modification, and physical therapy. Currently, the injured worker complains of pain in the thoracic and lumbar spine. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Creatine phosphokinase (CPK), per 03/18/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68 and 72; 70.

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

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Creatinine Phosphokinase (CPK) is an enzyme found in the brain, heart and skeletal muscles. When muscle tissue is damaged, CPK levels rise in the blood. The CPK test may be used to detect inflammation of muscles or muscle damage when someone presents with symptoms such as muscle weakness, muscle aches or dark urine. Documentation provided indicates that the injured worker is diagnosed with low back pain and lumbar spine radiculopathy. Physician reports fail to show acute exacerbation of symptoms or signs of muscle weakness to support the request for CPK test. The request for Creatinine phosphokinase (CPK), per 03/18/15 order is not medically necessary.

C-reactive protein (CRP), per 03/18/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68 and 72; 70.

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

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. C-reactive protein (CRP) is a blood test that measures the blood level of a protein called C-reactive protein, which indicates the levels of inflammation in the body. Documentation provided indicates that the injured worker is diagnosed with low back pain and lumbar spine radiculopathy. Physician reports fail to show acute exacerbation of symptoms or objective findings of inflammation to support the request for C-reactive protein (CRP) test. The request for C-reactive protein (CRP), per 03/18/15 order is not medically necessary.

Complete Blood Count (CBC), per 03/18/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68 and 72; 70.

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

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC

(complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Documentation provided indicates that the injured worker is diagnosed with low back pain and lumbar spine radiculopathy, treated with NSAIDs. The medical necessity for checking initial CBC is supported. The request for Complete Blood Count (CBC), per 03/18/15 order is medically necessary.

Arthritis panel, per 03/18/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68 and 72; 70.

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

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDS) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Documentation provided indicates that the injured worker complains of low back pain and is diagnosed with lumbar spine radiculopathy. Physician reports fail to show acute exacerbation of symptoms or objective findings of additional symptoms to suggest other pathology leading to diagnosis of other forms of arthritis. The request for Arthritis panel, per 03/18/15 order is not medically necessary.