

<b>Case Number:</b>	CM15-0072134		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, 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 a 34-year-old male who sustained an industrial injury on 2/13/12. The injured worker reported symptoms in the left hip. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc. Treatments to date have included status post left hip arthroscopy, oral pain medication, and physical therapy. Currently, the injured worker complains of pain in the left hip and lower back. The plan of care was for laboratory studies, medication prescriptions and a follow up appointment at a later date. Per the doctor's note dated 3/23/15 patient had complaints of left hip and low back pain. Physical examination revealed antalgic gait, normal heel toe walk and normal ROM and negative SLR. The medication list includes Oxycodone and Zorvolex (diclofenac). The patient has had MRI of the low back that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. The patient's surgical history includes left hip surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete Blood Count (CBC) and Complete Metabolic Panel (CMP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine, Harrison, Washington Manual of Medical Therapeutics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

**Decision rationale:** A CMP (or BMP) can be ordered as part of a routine physical examination, or may be used to monitor a patient with a chronic disease, such as diabetes mellitus or hypertension. Per the cited guidelines, NSAIDs recommend periodic lab monitoring of a CBC 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. A detailed recent physical examination including the status of blood pressure, pulse and vital signs was not specified in the records provided. Evidence of previous renal or thyroid pathology or a history of dyslipidemia, was not specified in the records provided. Evidence of intolerance or GI symptoms of peptic ulcer with any previous use of NSAIDs was not specified in the records provided. The duration of previous use of NSAIDs was not specified in the records provided. Previous lab reports were not specified in the records provided. The rationale for Blood tests: complete blood count (CBC) and complete metabolic panel (CMP) was not specified in the records provided. The rationale or need for all the components of the complete metabolic panel was not specified in the records provided. Therefore the request is not medically necessary at this time.