

<b>Case Number:</b>	CM15-0094048		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California

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 38 year old female, who sustained an industrial injury on 10-29-12. She reported pain in her right wrist and elbow related to repetitive motions. The injured worker was diagnosed as having right carpal tunnel syndrome, right medial and lateral epicondylitis and right wrist De Quervain's syndrome. Treatment to date has included right wrist surgery on 10-22-13, pre and post-op physical therapy, acupuncture x 1 session, a cortisone injection in 9-2013, psychotherapy, Tramadol, Naproxen, Xanax and Percocet. As of the PR2 dated 4-13-15, the injured worker reports pain in the right wrist and elbow. She rates her right elbow pain a 5-6 out of 10 and her right wrist pain a 6-8 out of 10. The treating physician did not note any significant past medical history. Objective findings include diffuse tenderness over the right elbow and pain over the lateral epicondyle during the long finger test and resisted wrist extension. There is also decreased dorsiflexion in the right wrist and a positive Finklestein test. The treating physician requested labs with quest diagnostics for medication management for the submitted diagnosis of chronic pain syndrome, myofascial pain, sprain elbow or forearm and carpal tunnel syndrome as an outpatient. Request to evaluate for any side effects from chronic medication usage (comprehensive metabolic panel) and also to evaluate any underlying conditions (such as thyroid disease or underlying inflammatory disorders) that may be contributing to the patient's ongoing pain and delayed recovery (thyroid function test, sedimentation rate).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Labs with quest diagnostics for medication management for the submitted diagnosis of Chronic Pain syndrome, myofascial pain, sprain elbow or forearm and carpal tunnel syndrome as an outpatient. request to evaluate for any side effects from chronic medication usage (comprehensive metabolic panel): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

**Decision rationale:** MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2012. Additionally, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The 1 Labs with quest diagnostics for medication management for the submitted diagnosis of Chronic Pain syndrome, myofascial pain, sprain elbow or forearm and carpal tunnel syndrome as an outpatient. Request to evaluate for any side effects from chronic medication usage (comprehensive metabolic panel) and also to evaluate any underlying conditions (such as thyroid disease or underlying inflammatory disorders) that may be contributing to the patient's ongoing pain and delayed recovery (thyroid function test, sedimentation rate) is not medically necessary and appropriate.