

Case Number:	CM14-0146926		
Date Assigned:	09/12/2014	Date of Injury:	04/25/2014
Decision Date:	10/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 04/25/2014. The date of the utilization review under appeal is 08/27/2014. On 08/07/2014, the patient was seen in primary treating physician followup regarding low back pain and right lower extremity symptoms. The patient was noted to have previously tried Advil, Aleve, and Tylenol and also to have tried gabapentin which created difficulty with breathing. The patient reported ongoing pain. The treating physician recommended trial of chiropractic therapy as well as an epidural steroid injection. The treating physician additionally prescribed Norco for breakthrough pain and Flexeril. On 07/11/2014, the treating physician saw the patient in followup with ongoing pain. At that time, the treatment plan included hydrocodone, tramadol, gabapentin, and ketoprofen. The treatment plan included chiropractic therapy, an epidural injection, and a med panel to evaluate for complications of medication use and to maximize patient's medication safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, page 70, discusses routine monitoring for antiinflammatory medications, noting that package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile including liver and renal function tests. It is possible that some degree of ongoing monitoring of laboratory studies as was indicated in this case now or into the future, although as of 08/07/2014, the records do not indicate that the patient was taking antiinflammatory medications. Particularly given the use of Norco for breakthrough pain and a recent trial of Flexeril as needed for severe spasms, the risks factors or differential diagnosis prompting a request for a med panel is not apparent. As it is not possible to determine specifically what laboratory studies have been requested or for what specific reason, it is not possible to apply a guideline in support of this request. This request is not medically necessary.