

Case Number:	CM14-0166406		
Date Assigned:	10/13/2014	Date of Injury:	03/03/1988
Decision Date:	10/21/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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 Jersey

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 67 year old male, who sustained an industrial-work injury on 3-3-88. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included medication, immobilization, ESI (epidural steroid injection) - series of 3, and diagnostics. Currently, the injured worker complains of low back pain and left lumbosacral radiculopathy with occasional pain and numbness to the lateral aspect of the left calf. Relief has been obtained with use of Flector patches prior but now is using Celebrex on an as needed basis. Labs had revealed mildly elevated ALT at 50 (normal 5-40). Other labs were stable. Sleep is restless. Per the follow up evaluation on 7-28-14, exam notes positive Patrick's maneuver on the left, trace reflexes in both knees and ankles, mildly elevated blood pressure, and activity flare ups causing stress. The Request for Authorization date was 8-28-14 and requested service included 1 Complete Blood Count, 1 Comprehensive Metabolic Profile, and 30 Tablets of Mobic 15mg with 4 refills. The Utilization Review on 9-8-14 denied the request for 9-8-14 for lack of updated documentation with current symptoms and pathology for testing and also update for use of Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Complete Blood Count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that when prescribing NSAIDs, the recommendation is to measure liver enzymes as well as CBC and chemistry profile (including renal function testing) within 4-8 weeks after starting therapy. Interval and routine testing following this initial series has not been established. With acetaminophen use, it is reasonable to consider testing for liver enzymes and/or renal function testing performed within a few weeks of starting therapy when using moderate to high doses of acetaminophen or in all patients (any dose) with a history of alcohol use (for liver enzymes) or with renal insufficiency (for renal function testing) if taking it for longer than 5 days or so due to its potential for hepatotoxicity and renal toxicity. In the case of this worker, there was no up to date medication list provided for review to help determine if an NSAID or other medication was being initiated or followed-up on to consider CBC testing for this worker. Although Mobic is also being requested at the same time, it is not clear if this is a new medication or if there was prior use. Therefore, the request for CBC for now is not medically necessary.

1 Comprehensive Metabolic Profile: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that when prescribing NSAIDs, the recommendation is to measure liver enzymes as well as CBC and chemistry profile (including renal function testing) within 4-8 weeks after starting therapy. Interval and routine testing following this initial series has not been established. With acetaminophen use, it is reasonable to consider testing for liver enzymes and/or renal function testing performed within a few weeks of starting therapy when using moderate to high doses of acetaminophen or in all patients (any dose) with a history of alcohol use (for liver enzymes) or with renal insufficiency (for renal function testing) if taking it for longer than 5 days or so due to its potential for hepatotoxicity and renal toxicity. In the case of this worker, there was no up to date medication list provided for review to help determine if an NSAID or other medication was being initiated or followed-up on to consider CMP testing for this worker. Although Mobic is also being requested at the same time, it is not clear if this is a new medication or if there was prior use. Therefore, the request for CMP for now is not medically necessary.

30 Tablets of Mobic 15mg with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, it is unclear from the documentation whether or not this request for Mobic was new or if Mobic was already used chronically leading up to this request. Also, there was no diagnosis presented which warranted ongoing NSAID use. Also considering the side effect profile of Mobic, and age of the worker, this medication is not medically necessary at this time, unless in the future, more evidence to help justify its use can be provided for review.