

Case Number:	CM14-0072653		
Date Assigned:	07/16/2014	Date of Injury:	08/31/1996
Decision Date:	11/09/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with a date of injury of August 31, 1996. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. Medical records dated April 8, 2015 indicate that the injured worker complains of lower back pain and pain in both legs, and difficulty sleeping. Records also indicate the pain was rated at a level of 9 out of 10 with an average of 8.5 out of 10, 9 out of 10 without medications, and 8 out of 10 with medications. A progress note dated April 29, 2015 notes subjective complaints of extreme pain in the lower back and legs, and no new symptoms or pain since the last visit. There were no objective findings documented in the submitted records. Per the treating physician (April 29, 2015), the employee has not returned to work. Treatment has included medications (Diazepam, Dilaudid, Valium, Pristiq, Prilosec and Celebrex listed on April 8, 2015). The original utilization review (May 1, 2014) non-certified a request for blood work to assess organ function due to prolonged prescription drug use and to identify any abnormalities that could cause or contribute to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work to assess organ function due to prolonged prescription drug use and to identify any abnormalities that could cause or contribute to chronic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracguides.org/Low Back; Table 2, Summary of recommendations, Low back Disorders.>

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

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for 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." The medical records fail to indicate what abnormalities are being looked for. The treating physician does not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate lab work. As such, the request for blood work to assess organ function due to prolonged prescription drug use and to identify any abnormality is not medically necessary.