

Case Number:	CM13-0015093		
Date Assigned:	03/12/2014	Date of Injury:	06/22/2004
Decision Date:	07/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/21/2013

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 55 year old male who reported an injury on 06/20/2012 of unknown mechanism of injury. The chart note dated 10/25/2012 indicate that the injured worker had lesions noted to the right shoulder and right mid abdomen. The physical examination revealed an eight mm keret to the right shoulder and a 4 mm keratosis to the mid abdomen, scabby areas to the right upper extremity and the left upper extremity, lentigo to the lower left extremity and the right lower extremity with a diagnosis of lentigo. The medications include clobetasol foam, amlodipine and levastatin HCTZ with no dosages given. The treatment plan is drug panel and lab work. The authorization form dated 03/12/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DRUG PANEL FOR DOS 6/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend a periodic lab monitoring of both CBC and chemistry profile to assist in monitoring liver function within 4-8 weeks of

starting therapy and repeat testing during treatment. The documentation provided was not evident that the injured worker was at risk for any liver abnormalities or that the injured worker had a history of liver abnormalities. The documentation was not evident that the injured worker had any abnormalities to warrant justification for lab work to be performed. As such the request for retroactive lab work for DOS 06/28/2013 is not medically necessary.

RETROSPECTIVE LAB WORK FOR DOS 6/28/2013: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend a periodic lab monitoring of both CBC and chemistry profile to assist in monitoring liver function within 4-8 weeks of starting therapy and repeat testing during treatment. The documentation provided was not evident that the injured worker was at risk for any liver abnormalities or that the injured worker had a history of liver abnormalities. The documentation was not evident that the injured worker had any abnormalities to warrant justification for lab work to be performed. As such the request for retroactive lab work for DOS 06/28/2013 is not medically necessary.