

<b>Case Number:</b>	CM13-0029341		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Occupational Medicine 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 patient is a 44-year-old female who has submitted a claim for facet arthropathy of right lumbar spine at L3-4, L4-5, and L5-S1; lumbago; myofascial pain syndrome; and chronic pain syndrome, associated with an industrial injury date of May 3, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right-sided low back pain, rated 5-6/10, radiating to her right leg down to her foot. On physical examination, gait was normal. Examination of the lumbar spine revealed tenderness over the right lumbar musculature. Facet loading test was positive at L3-4, L4-5, and L5-S1 on the right. Slump test was negative. Lumbar range of motion was decreased on all planes. Muscle spasm and trigger points were noted at the buttock and thoracic regions. Examination of the lower extremities revealed symmetric deep tendon reflexes. No sensorimotor deficits were reported. Straight leg raise test was negative. Lab med panel dated November 28, 2012 revealed normal renal and hepatic function. Treatment to date has included chiropractic care, trigger point injections, and medications including Norco 10/325 mg, Flexeril 7.5 mg, and Prilosec 20 mg since at least March 2013. Utilization review from September 20, 2013 denied the request for Med Panel because the documentation failed to support the necessity for additional testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED PANEL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hurley, J. S., et al. (2005). Laboratory safety monitoring of chronic medications in ambulatory care settings. *Journal of General Internal Medicine* 20(4): 331-333. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

**Decision rationale:** The article reviewed concludes that lapses in laboratory monitoring of patients taking selected chronic medications were common, and further research is needed to determine whether, and to what extent, this failure to monitor patients is associated with the adverse clinical outcomes. In this case, the request for a med panel was made to monitor the patient's liver and kidney functions due to her medication use. A rationale for the requested service was provided. Therefore, the request is medically necessary.