

<b>Case Number:</b>	CM13-0029620		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	04/11/2002
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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 physician 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 58-year-old male who has chronic back pain radiating down his right leg. His medications include Skelaxin, Cymbalta, and Norco 10/325. The treating physician has recommended blood studies for the liver and kidney. The patient is not taking an NSAID at the present time. He is working and wishes to continue to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood work for liver and renal function:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and NSAIDs Page(s): 67-70, 74-80.

**Decision rationale:** This patient is taking Cymbalta, Norco, and Skelaxin. The Norco is prescribed no more than 5 a day. This is well below the recommended daily intake of acetaminophen which is less than 4 kg a day. The patient is not at this time taking NSAIDs which are known to affect the kidneys. They also have cardiovascular side effect including myocardial infarction as well as GI symptoms. According to the medical records, the patient

has no obvious symptoms referable to his kidney or liver. It is for these reasons that the blood tests are not medically necessary.