

Case Number:	CM13-0033715		
Date Assigned:	12/06/2013	Date of Injury:	02/14/2003
Decision Date:	03/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/10/2013

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 the American Board of Family Practice, has a subspecialty in the American Board of Family 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:

55 yr. old female claimant sustained a work injury on 2/14/13 that resulted in back pain and lower extremity weakness. Her medications included: Opioids, anti-hypertensive medications, muscle relaxants, anticoagulants, diuretics and lipid lowering drugs. An office visit on 8/15/13 stated that she noticed spots on the soles of her feet and was concerned about liver. The treating physician ordered a liver and kidney functional panel along with a PT/INR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab TEST (BUN/Creatinine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANDINE,NSAID,OPIODS Page(s): 66,70,104.

Decision rationale: The MTUS guidelines suggest caution and adjusted drug dosing in those taking opioids, muscle relaxants or NSAIDS. In this case, the documentation does not state the medical history that would require renal function. There are no prior labs suggesting renal impairment. There is no mention of pre-operative evaluation that would necessitate a renal function. Although, the employee is on medication such as diuretics that would warrant renal

labs, this would not be related to the work related injury. As a result the Bun/Creatinine is not medically necessary.