MAXIMUS Federal Services

Case Number:	CM13-0037995		
Date Assigned:	12/18/2013	Date of Injury:	11/19/2003
Decision Date:	01/29/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine and Pulmonary Diseases 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 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 43-year-old male who reported a work-related injury on 11/19/2003, the mechanism of injury not specifically stated. Subsequently, the patient seeks treatment for chronic low back and left lower extremity pain. The patient is status post L5-S1 lumbar fusion as of 01/2010. The clinical note dated 07/08/2013 reports the patient was seen for follow-up of his treatment under the care of [redacted]. The provider documents the patient is seen for chronic pain syndrome, lumbar radiculopathy, and status post lumbar fusion at the L5-S1. The provider documents the patient utilizes Norco 10/325 six tabs per day, Senna, and Cymbalta. The provider documents upon physical examination the patient's gait is normal and nontalgic, positive tenderness to palpation of the lumbar paraspinal muscles. The provider documented the patient was administered prescriptions: Norco, Senna, and a trial of Pamelor. The provider is requesting a med panel to evaluate hepatic and renal function.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) med panel to evaluate hepatic 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 Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient does utilize Norco 10/325 six tabs by mouth daily for chronic pain syndrome, status post an unspecified work-related injury sustained in 11/2003 and subsequent surgical interventions to the lumbar spine indicative of a fusion performed in 2010. The provider is recommending a med panel to evaluate the patient's hepatic and renal function. However, this test was performed a year ago, in 08/2012, which revealed no abnormalities. The clinical notes do not evidence the patient presents with any significant comorbidities, evidencing any kidney disease or liver disease to support the requested diagnostic study. California MTUS/ACOEM supports hepatic and liver function monitoring for patients utilizing NSAIDs. Clinical notes does not evidence the patient utilize NSAIDs as part of his medication regimen. Official Disability Guidelines indicate that hepatotoxicity and renal toxicity are adverse effects of utilization of acetaminophen; however, hepatotoxicity from therapeutic doses is unusual. As the patient utilizes 6 tabs per day of Norco 10/325, the patient's maximum daily acetaminophen dose is that of 1950, well below the recommended daily maximum dose of 3250 mg. Given all of the above, the request for med panel to evaluate hepatic and renal function is not medically necessary or appropriate.