

<b>Case Number:</b>	CM13-0044348		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 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 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 29 year old male claimant sustained a work injury on 1/28/13 that resulted in chronic neck and back pain. He has no chronic medical problems, denies alcohol use but did smoke previously. Cervical and lumbar MRIs have shown spasms and disc protrusions. His diagnoses included cervical and lumbar radiculopathy. His pain was controlled with epidural injections, infrared, soft tissue manipulation, muscle relaxants, acupuncture and NSAID (ketoprofen) analgesics. As a result of being on pain medications, liver function tests were performed on 9/17/13 indicate an elevated (AST) Aspartate Aminotransferase of 82 and alanine aminotransferase (ALT) of 227. An examination report on 10/10/13 indicated right upper quadrant tenderness. There was no associated jaundice, nausea vomiting or bowel symptoms. The claimant was requested to taper use NSAIDs and continued monitoring of lab work including CMP, hepatitis panel and lipid panel was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lab tests to include CMP, Hepatitis Panel and Lipid Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67. Decision based on Non-MTUS Citation NSAID Prescribing Precaution AMANDA

RISSER, MD MPH; DEIRDRE DONOVAN, MD; JOHN HEINTZMAN, MD; AND TANYA PAGE, MD, Oregon Health and Science University, Portland, Oregon American Family Physician. 2009 Dec 1

**Decision rationale:** According to the MTUS guidelines, NSAIDs increase the risk of renal insufficiency and gastrointestinal bleeding risks. Opioids and acetaminophen are more contributory to liver abnormalities. Routine blood work is not recommended per the MTUS guidelines while on NSAIDs or muscle relaxants. NSAIDs rarely cause hepatic damage (AAFP). There have been case reports of NSAIDs causing idiosyncratic liver toxicity in persons with underlying hepatitis C, with marked elevations in liver enzymes to more than 10 times the upper limit of normal. There are also indirect deleterious effects of NSAIDs in persons with underlying liver impairment (AAFP). In this case, there were no known risk factors for Hepatitis C or existing liver disease. There are numerous causes for liver function tests (LFT) elevation and right upper quadrant pain. Follow-up panel would not necessitate a lipid panel or Hepatitis Panel if there were no risks for Hepatitis or Hyperlipidemia. The monitoring of liver function tests may be appropriate due to prior elevation. Since the prior renal function was normal, a comprehensive panel would not be medically necessary but rather monitoring of LFTs alone. As a result, the tests requested above are not medically necessary based on MTUS and standard practices.