

Case Number:	CM13-0046348		
Date Assigned:	01/10/2014	Date of Injury:	08/02/1999
Decision Date:	04/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 69-year-old female who reported injury on 08/02/1999. The mechanism of injury was noted to be that a customer ran into the patient with a shopping cart. The documentation of 08/13/2013 revealed the patient was on Cymbalta, Norco, Soma, and Butrans. The patient was utilizing 1 Norco per day. It was indicated the patient had not had her liver function evaluated and was concerned about her pale skin color. The patient's diagnoses were noted to include chronic right knee pain with post traumatic arthritis, right shoulder pain with impingement syndrome and discogenic low back pain with multilevel spondylosis. The treatment plan included medication refills and a liver function, bilirubin and CBC due to chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABWORK: LIVER FUNCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Clinical documentation submitted for review failed to indicate the patient was taking medications that would necessitate liver function tests. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for lab work liver function is not medically necessary and appropriate.