

Case Number:	CM13-0050665		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2012
Decision Date:	03/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic hand pain, reportedly associated with industrial contusion injury of July 16, 2012. The applicant apparently sustained traumatic open fractures and partial amputation of the index and long fingers. Thus far, he has been treated with the following: Analgesic medications; ORIF surgeries; transfer of care to and from various providers in various specialties; psychological counseling for posttraumatic depression; topical patches; and extensive periods of time off of work. In a utilization review report of October 15, 2013, the claims administrator denied a request for laboratory testing. The applicant attorney subsequently appealed. In an August 23, 2013 progress note, it is stated that the applicant is using Norco two to three times daily. The applicant reports ongoing issues of pain and depression. He is having difficulty traveling to attend appointments. Tenderness along with range of motion is noted about the surgical site. Norco is renewed. A pain psychology consultation is sought. Laboratory testing to evaluate the applicant's renal and hepatic function is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Metabolic Bloodwork Panel to evaluate renal and hepatic function:

Overtaken

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 rationale: The proposed laboratory testing including renal and hepatic function testing is medically necessary, medically appropriate, and indicated here. While the Chronic Pain Medical Treatment Guidelines did not specifically address the topic of what labs represent routine monitoring in those individuals using opioids chronically such as the applicant, who is apparently using the Norco chronically, page 70 of the Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggests laboratory monitoring in those applicant using NSAIDs (non-steroidal anti-inflammatory drugs) chronically includes CBC and chemistry profile which include renal and hepatic function testing. By implication, then, laboratory testing including renal and hepatic function testing to ensure that the applicant's current levels of renal and hepatic function are compatible with his current doses of opioid analgesics is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.