

<b>Case Number:</b>	CM13-0056073		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The injured worker is a 40 year old female with a date of injury 1/31/03. The treating physician report dated 10/22/13 was reviewed by the utilization review physician. In that report, it is noted that the patient had lower back pain rating a 10/10 with radiation into the legs. The progress report for review dated 12/12/12 states the diagnosis is the same. The utilization review report dated 11/4/13 denied the request for outpatient labs, Serum (AST) aspartate aminotransferase-alanine aminotransferase (ALT) and Renal Panel for Screening of liver and kidney function. The denial was based on lack of documentation to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Labs Serus Ast, Alt And Renal Panel For Screening Of Liver And Kidney Function is not medically necessary and appropriate.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation For NSAIDs:Drug Safety: Lab monitoring. IF a patient is

treated with daily NSAIDs (selective or non-selective) and the patient has risk factors for gastrointestinal bleeding; THEN a hemoglobin or hematocrit should be performed at baseline and during the first year after initiating therapy. Drug Safety: Lab monitoring. IF a patient is treated with daily NSAIDs (selective or non-selective) AND the patient has risk factors for developing renal insufficiency\*\* THEN a serum creatinine should be assessed at baseline, within the first 3 months, and then at least annually thereafter.

**Decision rationale:** The patient presents with chronic lower back pain with radiculopathy. The current request is for outpatient labs serum AST and ALT and Renal panel for screening of liver and kidney function. There is no report in the records requesting these tests. The utilization review report states that the patient is taking Dilaudid, MS Contin, Ambien, Clonazepam, Dexilant, and Soma. The patient is status post L3-S1 fusion in 10/2008. There is documentation in the 3/20/12 report that the patient had stopped taking Celebrex due to gastritis. The MTUS and ODG guidelines do not address outpatient labs. If the patient was on NSAIDs, some laboratory monitoring would be required. The American College of Rheumatology does recommend hemoglobin or hematocrit and is recommended at based-line and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. For Tylenol, laboratory monitoring is required as well for liver function. However, in the absence of liver/kidney dysfunction, laboratory monitoring is not required for chronic opiates use for this patient, recommendation is for authorization of baseline labs for kidney and liver function as the patient is on multi-medication regimen, including opiates, anti-depressants, and benzodiazepines therefore, this request is not medically necessary.

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**Decision rationale:** The Expert Reviewer's decision rationale: The patient presents with chronic lower back pain with radiculopathy. The current request is for outpatient labs serum AST and ALT and Renal panel for screening of liver and kidney function. There is no report in the records requesting these tests. The utilization review report states that the patient is taking Dilaudid, MS Contin, Ambien, Clonazepam, Dexilant, and Soma. The patient is status post L3-S1 fusion in 10/2008. There is documentation in the 3/20/12 report that the patient had stopped taking Celebrex due to gastritis. The MTUS and ODG guidelines do not address outpatient labs. If the patient was on NSAIDs, some laboratory monitoring would be required. The American College

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