

<b>Case Number:</b>	CM13-0070180		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 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:

This 56 year-old patient sustained an injury on 5/10/99 while employed by [REDACTED]. The request under consideration include lab work to assess liver and kidney (due to prolonged med use). The diagnosis included lumbar sprain with bilateral lower extremity radiculopathy. The report of 5/9/13 from the provider noted left ankle/foot pain with exam of the left ankle showing decreased range of motion, tenderness and positive Valgus stress test. The report of 11/14/13 noted patient stating her symptoms are unchanged with pain rated at 5-6/10 described as sharp, dull, burning, and aching. Her pain is well-controlled with the medications. The current medications included Kadian and Provigil. The exam of the lumbar spine noted unchanged/not re-evaluated. The patient has use of foot orthotics for left ankle (Achilles tendon repair with graft) prior (undated). There was notation the medication prescriptions included MS Contin and Vicodin ES decrease pain 50% for 4 hours. The patient feels more comfortable with pool walking, but has limited access. The request for lab work to assess liver and kidney function from prolonged med use was non-certified on 12/6/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LAB WORK TO ASSESS LIVER AND KIDNEY (DUE TO PROLONGED MED USE):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects, Routine Suggested Monitoring Page(s): 70.

**Decision rationale:** The California MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 1999. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The non-specific lab work to assess liver and kidney (due to prolonged med use) is not medically necessary and appropriate.