

Case Number:	CM14-0001392		
Date Assigned:	03/03/2014	Date of Injury:	12/26/2011
Decision Date:	10/01/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 injured worker is a 54 year-old female who sustained an injury to her upper back on 12/26/11 while pulling a heavy cart filled with cleaning supplies, when a wheel caught on her pant leg, causing her to fall backwards onto her buttocks. Current medications include Gralise, Vicoprofen and Pamelor. A progress report dated 11/27/13 reported that the injured worker continues to complain of tenderness to palpation of the spinous processes and paraspinal muscles. There was limited range of motion with flexion, extension, lateral bending and rotation. There was also tenderness in the right calf with associated tightness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepatic Function Panel and Complete Metabolic Panel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California Medical Treatment Utilization Schedule states that routine monitoring is suggested. Package inserts for non-steroidal anti-inflammatory drugs recommend periodic lab monitoring of a complete blood count 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. There was no indication that the patient has had any recent lab work performed. Therefore, medical necessity of the request for Hepatic Function Panel and Complete Metabolic Panel is medically necessary.

Renal Function Test: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins; 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: Package inserts for non-steroidal anti-inflammatory drugs recommend periodic lab monitoring (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. There was no indication that the patient has had any recent lab work performed. The request for renal function test is medically necessary.