

Case Number:	CM14-0005901		
Date Assigned:	02/05/2014	Date of Injury:	05/02/2008
Decision Date:	09/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Family Practice and is licensed to practice in Texas and Georgia. 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 55-year-old female smoker who reported injuries after falling from standing on a chair on 05/02/2008. On 02/11/2014, her diagnoses included right shoulder impingement/tendinosis, history of left shoulder arthroscopic surgery with residual pain and impingement, chronic lumbar pain exacerbated with radiculopathy, chronic cervical pain with myofascial pain, bilateral knee tendinosis, bilateral ankle sprain, and depression/anxiety. Her medications included Butrans patch 20 mcg per week, trazodone 100 mg, Klonopin 0.5 mg, Paxil 30 mg, Percocet 5 mg, and Soma, Norco, Atarax, Cymbalta, and Zantac, all at unknown dosages. The rationale for the request stated that the ordering physician went over her entire medication regimen with her and will send her for a comprehensive metabolic panel to assess any hepatic or renal issues. The note further stated that this test most likely would be done once or twice per year. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE METABOLIC PANEL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

Decision rationale: The request for comprehensive metabolic panel is medically necessary. Comprehensive Metabolic Panel (CMP) - The Comprehensive Metabolic Panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications with any kidney or liver related side effects. If a doctor is interested in following 2 or more individual CMP components, the entire CMP may be ordered because it offers more information. Since this worker was taking at least 2 medications, Soma and Cymbalta, which can have an effect on liver enzymes and liver function, the need for a comprehensive metabolic panel is clearly demonstrated. Therefore, this request for comprehensive metabolic panel is medically necessary.