

Case Number:	CM14-0009242		
Date Assigned:	02/14/2014	Date of Injury:	02/09/1995
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/23/2014

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 Internal Medicine and Geriatrics,, has a subspecialty in Family Practice, and is licensed to practice in New York. 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 64-year-old woman with a date of injury of February 6, 1995. She was seen by her physician on December 10, 2013 for a pharmacological reevaluation. She continued with low back pain that radiated to her extremities (left > right). She was participating in H.E.L.P. Program. Her current medications were gabapentin, lisinopril, neurontin (blinded pain cocktail) and warfarin. Her physical exam showed tenderness and hypertonicity in the lumbar paravertebral muscles and sciatic notches. She had small excoriations noted in the upper lumbar region. She had reduced range of motion to her lumbosacral spine. She had decreased sensation over the right L5 dermatome. Her diagnoses were lumbosacral radiculitis, post-laminectomy syndrome, myalgia myositis and lumbago. At issue in this review are the patient's request to know how her kidneys and liver are doing and the physician request for labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIVER FUNCTION TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, Approach To The Patient With Abnormal Liver Biochemical And Function Tests

Decision rationale: The patient's physical exam showed pain and reduced lumbosacral spine range of motion. She had no cardiac, hepatic or renal symptoms documented. There were no historical or exam findings for toxicity or side effects of her medications. Given documentation of compliance with medications and dosage and no symptoms of any toxicity or gastrointestinal illness or symptoms, liver enzyme lab monitoring is not medically indicated nor is the reason for the labs substantiated in the medical records other than that the worker wanted to know how her liver was functioning. The request for a liver function test is not medically necessary or appropriate.

KIDNEY FUNCTION TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation web article on the Seventh Report Of The Joint National Committee On Prevention, Detection, Evaluation, And Treatment Of High Blood Pressure (<http://www.nhlbi.nih.gov/guidelines/hypertension/expres>).

Decision rationale: The patient's medication includes lisinopril but the indication is not noted in the physician notes. If it is for hypertension, per the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, once antihypertensive drug therapy is initiated, serum potassium and creatinine should be monitored at least 1-2 times/year. The physician visit does not substantiate this clinical reasoning or justify why the blood work is needed. Given her documentation of compliance with medications and dosage and no symptoms of any toxicity or renal or cardiovascular illnesses or symptoms, kidney lab monitoring is not medically indicated. The request for a kidney function test is not medically necessary or appropriate.