

Case Number:	CM14-0104787		
Date Assigned:	07/30/2014	Date of Injury:	09/04/2006
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

A 50 yr. old male claimant sustained a work injury on 9/4/06 involving the low back and lower extremities. He was diagnosed with lumbar radiculopathy, vertebral compression fracture and lumbar degenerative disk disease. His pain had been managed with Oxycontin and Neurontin. He had developed significant psychiatric issues after his wife developed breast cancer and his brother passed away. He had been depressed and also been treated with anti-depressants. A progress note on 6/9/14 indicated the claimant had continued back pain with restricted range of motion, paravertebral tenderness and positive facet loading. There were impingement findings in the shoulder. The treating physician continued the opioid analgesics and requested a liver function and renal panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum AST and ALT Renal Panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and renal function, opioids, Darvon Page(s): 69, 82-92, 100.

Decision rationale: According to the MTUS guidelines, renal function and use of NSAIDs are to be considered and monitored in those with renal impairment. Darvon dose should be reduced in those with liver impairment. The guidelines don't suggest routine monitoring of labs for those on opioids such as Oxycontin. The clinical notes do not substantiate the clinical need for monitoring and the physical exam or claimant's risk factors don't include liver disease, alcoholism, hypertension or NSAID use. The request for AST, ALT and renal panel is therefore not medically necessary.