

<b>Case Number:</b>	CM14-0013055		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/01/2014

### 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 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:

The injured worker (IW) is a 62-year-old man with a date of injury of July 3, 2013. The mechanism of injury occurred as the IW was attempting to tie a tarp over his truck. The tarp ripped and the IW fell approximately 3 to 4 feet to the ground onto his left side. He noticed immediate swelling of the left wrist and felt pain in the low back and left shoulder. The IW sustained a closed fracture to the distal radius. Pursuant to the Progress note dated October 29, 2013, the IW complains of ongoing left wrist, left shoulder, and left elbow pain rated 4-6/10. He has difficulty lifting more than 10 pounds from the ground level to waist level. Objective physical findings of the left shoulder revealed positive subacromial bursitis, and positive impingement. There are positive symptoms over the AC joint with direct palpation and cross arm testing. O'Brien's test was positive. Left elbow examination revealed tenderness to palpation (TTP) over the lateral aspect of the elbow, but negative Tinel's over the cubital tunnel. There are no signs of effusion or infection. Left wrist examination revealed TTP over the distal radius with extension 0 to 30 degrees, flexion 0 to 30 degrees, radial deviation 0 to 10 degrees, and ulnar deviation 0 to 10 degrees. The IW has sensation which is intact to light touch in all distributions, 2+ radial pulses, and TTP over the wrist joint. The IW has been diagnosed with healing left distal radius fracture with mild degenerative joint disease (DJD) and scaphoid cyst; left elbow severe DJD with previously experienced gunshot wound to the left elbow; left shoulder subacromial bursitis and impingement; and left shoulder acromioclavicular joint DJD. The treatment plan includes referral to hand specialist, CT scan of the left shoulder and left elbow, left thumb Spica splint for comfort, home exercise program and med panel/blood draw to assess CBC, kidney and liver function for the judicious use of ongoing pain management. The IW was seen in the emergency room October of 2013 and was given Motrin. Documentation indicated that the IW was also taking Norco 5/325mg and using LidoPro cream for pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Request for Med Panel to evaluate Hepatic and Renal Function**

**DOS:10/29/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches; History and Physical Evaluation Page(s): 6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical, NSAI Page(s): 6, 67..

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request for med panel to evaluate hepatic and renal function October 29, 2013 is not medically necessary. Thorough history taking is important in the clinical assessment and treatment planning of patients with chronic pain and includes review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. Diagnostic study should be ordered in this context and not simply for screening purposes. Use of nonsteroidal anti-inflammatory drugs may compromise renal function. Routine suggested monitoring is recommended and includes periodic lab monitoring of the complete blood count and chemistry profile including liver function and renal function tests. There has been a recommendation to measure liver transaminases within 4-8 weeks after starting therapy at the interval of repeating lab tests after this treatment duration has not been established. In this case, the injured worker is being treated for left shoulder adhesive capsulitis, left shoulder subacromial bursitis, left shoulder subacromial impingement, and left shoulders symptomatic AC joint arthralgia/the generative joint disease. The injured worker is taking Naproxen 550 mg three times daily. The documentation indicates the med panel (labs) are indicated to evaluate hepatic and renal function to maximize safety of medication use. There is no specific indication of prior lab testing in the medical record for specific clinical rationale as to what the lab testing is for. Consequently, documentation stating labs are appropriate to maximize safety of medication use is an insufficient clinical indication and lab testing is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective request for Med Panel to evaluate Hepatic and Renal Function October 29, 2013 is not medically necessary.