

<b>Case Number:</b>	CM14-0157216		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	08/15/2004
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for hypertension, gastroesophageal reflux disease, and depression reportedly associated with an industrial injury of August 2004. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a chemistry panel while approving Cozaar, hydrochlorothiazide, verapamil, and omeprazole. The claims administrator stated that it was denying the chemistry panel on the grounds that the MTUS did not explicitly support such testing. The claims administrator also stated that it had been unable to find any guidelines to support the request. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated February 7, 2013, the applicant was using Prilosec, Cozaar, verapamil, Seroquel, Desyrel, and Paxil, it was noted. The applicant's gastroesophageal reflux symptoms were reportedly improved. The laboratory testing at issue was apparently sought on a handwritten note dated August 26, 2014. On that date, the applicant was also given refills of hydrochlorothiazide, verapamil, Cozaar, and Prilosec. The applicant was placed off of work, on total temporary disability, via a mental health progress note of June 19, 2014, in which the applicant was described as having heightened psychiatric symptoms. Seroquel, Paxil, and Desyrel were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chemistry panel, QTY: 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECTS Page(s): 70.

**Decision rationale:** 1. Yes, the proposed chemistry panel is medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, intermittent evaluation of an applicant's renal function, hepatic function, and hematologic function are recommended in applicants using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is using a variety of other medications which are processed in the kidneys and liver, including a variety of psychotropic medications. Assessment of the applicant's renal and hepatic functions via the chemistry panel at issue is, by implication, indicated to ascertain that the applicant's present levels of renal and hepatic function are consistent with prescribed medications. Therefore, the request is medically necessary.