

Case Number:	CM14-0157559		
Date Assigned:	09/30/2014	Date of Injury:	07/08/2010
Decision Date:	11/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	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 chronic low back pain reportedly associated with an industrial injury of July 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; various interventional spine procedures; and reported diagnosis with an electrocution injury. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for one set of liver function testing, stating that the attending provider had not furnished any recent laboratory tests. The claims administrator contented that the applicant's hepatic function testing abnormalities would likely spontaneously resolve. The applicant's attorney subsequently appealed. In an October 3, 2014 progress note, the attending provider appealed the previously denied renal function testing, noting that the applicant had had hepatic function testing on March 10, 2014, which demonstrated normalized AST of 34, and borderline elevated ALT of 62. The attending provider then stated that the applicant had had laboratory testing of September 19, 2014, results unknown in another section of the report. In an August 27, 2014 progress note, the applicant was given refills of Oxycodone, Cymbalta, Neurontin, and Diclofenac. Random urine drug testing, repeat hepatic function testing and physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Liver Function Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.guideline.gov/search/search.aspx?term=term=liver+function> National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of periodic laboratory monitoring, including periodic CBC and chemistry profile testing, including the liver function testing at issue, and applicant's using NSAIDs, page 70 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the interval repeating laboratory testing has not been established. In this case, the applicant is using Diclofenac, an NSAID, along with a variety of other agents processed in the liver and kidneys including Oxycodone, Cymbalta, Neurontin, etc. The applicant has apparently had several sets of hepatic function testing over the course of the claim. Some of the results of the same have been attached, while others have not. The applicant appears to have had or has some low-grade transaminitis, with a normal AST and a borderline to borderline elevated ALT. This is not a pathological finding, particularly given the absence of any disease processes such as hepatitis or alcoholism. No compelling rationale for continued hepatic function testing was proffered by the attending provider. It does not appear that the proposed liver function testing would influence the treatment plan or medication management in any appreciable way. Therefore, the request is not medically necessary.