

Case Number:	CM14-0185202		
Date Assigned:	11/13/2014	Date of Injury:	08/15/1997
Decision Date:	12/31/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 08/15/1997. The date of the utilization review under appeal is 10/29/2014. On 10/17/2014, the patient was seen in primary treating physician followup regarding lower back pain. The patient's activity level had remained the same. The patient was taking his medication as prescribed, and they were working well. His medications included Zegerid, Zanaflex, Lidoderm patch, Ultram, and Ambien. The patient was diagnosed with a lumbar radiculopathy, low back pain, and lumbar disc disorder. The treating physician stated he would re-request authorization for blood work labs for liver and kidney function to rule out potential end organ damage. Previously on 07/10/2014, the treating physician requested authorization for blood work labs for liver and kidney function tests to rule out potential end organ damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alanine Aminotransferase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule notes that package labeling information for anti-inflammatory medications recommend periodic lab tests including for renal and liver function. The medical records, however, do not indicate that this patient is taking an NSAID currently. The records do not provide another alternative rationale or explanation as to why this patient would require testing of liver or kidney function. There is insufficient information at this time to identify a guideline or a rationale for the requested testing. This request is not medically necessary.

Renal Function Test.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule notes that package labeling information for anti-inflammatory medications recommend periodic lab tests including for renal and liver function. The medical records, however, do not indicate that this patient is taking an NSAID currently. The records do not provide another alternative rationale or explanation as to why this patient would require testing of liver or kidney function. There is insufficient information at this time to identify a guideline or a rationale for the requested testing. This request is not medically necessary.

Aspartate Aminotransterase.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule notes that package labeling information for anti-inflammatory medications recommend periodic lab tests including for renal and liver function. The medical records, however, do not indicate that this patient is taking an NSAID currently. The records do not provide another alternative rationale or explanation as to why this patient would require testing of liver or kidney function. There is insufficient information at this time to identify a guideline or a rationale for the requested testing. This request is not medically necessary.