

Case Number:	CM14-0023526		
Date Assigned:	05/12/2014	Date of Injury:	04/25/2003
Decision Date:	07/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 60-year-old female who was injured 4/25/2003. The diagnoses listed are low back pain, lumbar fusion syndrome. The patient had completed physical therapy and lumbar epidural injections. The past surgery history is significant for lumbar spine fusion in 2003 and hardware removal in 2006. The MRI (magnetic resonance imaging) of the lumbar spine showed degenerative disc disease, neuroforaminal stenosis and facet degeneration. The medications are Norco and Lidopro cream for pain and Flexeril for muscle spasm. On 12/11/2013, the provider documented a pain score of 8/10 and low back pain with associated numbness and tingling. The objective findings are lumbar spine area tenderness and positive straight leg raising test. There was no documentation of co-existing renal, hepatic disease or systemic medical conditions. A Utilization Review determination was rendered on 2/5/2014 recommending non certification for medical panel test to evaluate renal and hepatic functions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED PANEL TO EVALUATE RENAL AND HEPATIC FUNCTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-43, 74-80.

Decision rationale: The CA MTUS did not specifically address the evaluation of renal and hepatic functions during chronic medications treatment. There are specific routine monitoring guidelines for diagnosis and assessment of organ function during treatment with certain medications such as hepatic function for Tizanidine and electrocardiogram (EKG) for Elavil. The record shows that the patient is utilizing Norco, Flexeril and Lidopro topical cream until the medications were non-certified on 8/2013. It is unclear if the patient was still utilizing these medications. There is no documentation of co-existing renal, hepatic or systemic disease condition. There are no guidelines or FDA recommendation for routine evaluation of renal and hepatic functions during chronic treatment with Norco and Flexeril. As such, the request is not certified.