

Case Number:	CM14-0024904		
Date Assigned:	06/11/2014	Date of Injury:	05/18/2012
Decision Date:	07/15/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/27/2014

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 is a 60 year old male who reported an injury to his low back. The clinical note dated 08/26/13 indicates the initial injury occurred on 05/18/12 when he was lifting a box and experienced a pop in the low back. The injured worker reported radiating pain from the low back into the left lower extremity with associated numbness and weakness. There is a subsequent injury from 06/29/12 when a gate hit his face and nose resulting in severe head and neck pain. The injured worker reported ongoing headaches. There is an indication the injured worker had undergone physical therapy with the continued use of medications. The injured worker also had undergone epidural steroid injections. Upon exam the injured worker demonstrated strength deficits in the lower extremities specifically at the left gastrosoleus muscles and the extensor hallucis longus. The preoperative history and physical note dated 10/15/13 indicates the injured worker having been diagnosed with hepatitis C. The injured worker had been administered several injections using the same needle when he was a child. The note indicates the injured worker utilizing several medications on a daily basis. The note indicates the injured worker utilizing Norco, Celexa, Lisinopril, Flexeril, Ambien and Motrin. The note also indicates the injured worker having been diagnosed with hypertension as well. The operative report dated 11/12/13 indicates the injured worker underwent L4-5 and L5-S1 hemilaminectomy and discectomy. The clinical note dated 11/22/13 indicates the injured worker continuing with left lower extremity neuropathic related pain. The injured worker also reported depressive symptoms as well as insomnia. The note indicates the injured worker utilizing Restoril and Zofran for insomnia and nausea respectively. The clinical note dated 11/23/13 indicates the injured worker utilizing an extensive list of medications to include Oxycodone and morphine. There is also an indication the injured worker is utilizing Temazepam. The injured

worker had undergone lab studies at that time as well. The clinical note dated 01/17/14 indicates the injured worker continued to use Oxycodone, Celexa, Colace, miralax and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHEM 8 TEST (QTY: 1.00): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for chem 8 test is medically necessary. The documentation indicates the injured worker having initial injury in 2012 regarding a low back injury. The injured worker has also been diagnosed with hypertension and hepatitis C. The clinical notes indicate the injured worker utilizing extensive list of medications that appear to constantly change depending on the injured worker's presentation. There is an indication the injured worker's hepatitis C is currently in remission. However, given the ongoing extensive list of medications, a chem 8 panel would be indicated in order to provide the injured worker with a safe administration of medications. Therefore, this request is medically necessary.