

Case Number:	CM14-0034177		
Date Assigned:	03/21/2014	Date of Injury:	01/20/2005
Decision Date:	07/03/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 01/20/2005 due to a fall at work. The injured worker reported falling on a piece of plastic in the garage of the home where she was providing services as a home health care worker. A lumbar x-ray taken 01/20/2005 at the hospital indicated there were no fractures and she was diagnosed with contusion of the lumbar and contusion of the right buttock. The injured worker was prescribed Vicodin and Flexeril for pain and muscle spasms. Her medications were later changed to Norco, Soma and Lidoderm 5% patch for pain management. On a regular day, her pain is 5/10 but can increase to 10/10 with lifting heavy objects or repetitive motions. The injured worker changed physicians to gain access to acupuncture for physical therapy, as standard physical was too painful to perform. A physician's request for a comprehensive metabolic panel has been made; however, the request for review form has not been presented. The physician did submit a previous complete metabolic panel taken 01/23/2014. The lab values, with the exception of glucose values, were within normal levels. The physician is concerned with long-term damage to liver and kidneys taking Norco and Soma since 01/20/2005.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 COMPREHENSIVE METABOLIC PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Abnormal liver

chemistry- evaluation and interpretation. Victoria (BC): British Columbia Medical Services Commission: 2011 Aug 1.5 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for a comprehensive metabolic panel is non-certified. The injured worker is being treated conservatively with acupuncture, Vicodin, Soma and Lidocaine 5% transdermal patches for thoracic or lumbosacral neuritis or radiculitis and cervicalgia. During the course of this treatment, she has been compliant with random drug screenings and these screenings have noted no drug abuse or noncompliance with medications. Under California Medical Treatment Utilization Schedule (MTUS) guidelines, for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). Further, no documentation has been provided indicating signs or symptoms of system distress or failure. The request for this blood test concerned liver and kidney function. There is no indication to the dates of the last lab studies and/or results. Therefore, the request for a comprehensive metabolic panel is not medically necessary.