

<b>Case Number:</b>	CM14-0053196		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/08/2001
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 51-year-old male with a date of injury of 02/08/2001. The listed diagnoses per [REDACTED] are: 1. Spinals, lumbar DDD. 2. Low back pain. According to progress report 03/24/2014, the patient presents with right leg pain into his right foot in an L5 pattern. He has a new onset of left leg pain that occurs with prolonged sitting. Examination revealed restrictive range of motion in the lumbar spine limited by pain. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is noted on both sides. Straight leg raise test is positive on the right and sitting position at 50 degrees. The patient's medication regimen includes Lidoderm 5% patch, trazodone 100 mg, Percocet 10/25 mg, Neurontin 300 mg, Ambien 10 mg and Toradol 10 mg. The treater states the patient is stable on the current medication regimen and has not change essential regimen in greater than 6 months. This is a request for labs, serum AST and ALT, and renal panel for monitoring of liver and kidney function. Utilization review denied the request on 04/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs, serum AST and ALT and renal panel for monitoring of liver and kidney function:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 24, 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** This patient presents with right leg pain into his right foot in an L5 pattern. The treater is requesting labs, serum AST and ALT, and renal panel for monitoring of liver and kidney function. The medical file provided for review does not discuss a rationale for this request. Utilization review denied the request stating, "There is no documentation of side effects for medications or suspected medication usage. In addition, there is no documentation of gastrointestinal or abdominal pain." The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." The patient has been taking multiple medications include Percocet on a long term basis. Given such, a blood test to check liver and kidney function may be reasonable. Recommendation is for medically necessary.