MAXIMUS Federal Services

Case Number:	CM14-0054824		
Date Assigned:	07/07/2014	Date of Injury:	09/11/2009
Decision Date:	09/03/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational 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:

This is a 62-year-old female with a 9/11/09 date of injury. The mechanism of injury was while at work she was ascending a flight of stairs and noted a sudden sharp pain in the right knees. According to a progress report dated 4/24/14, the patient complained of back and neck pain. She complained of bilateral posterior neck pain with dysethetic pain and numbness radiating down both upper extremities into the fingers. She continued to experience chronic low back pain with some intermittent radicular symptoms but continues to limit her activity. Objective findings: anterior flexion noted to be 35 degrees, extension of cervical spine is noted to be 30 degrees, pain noted with extension of cervical spine, mild bilateral lumbosacral paraspinous tenderness, and decreased pinprick sensation. Treatment to date: medication management, activity modification, TENS unit, and physical therapy. A UR decision dated 4/7/14 denied the request for kidney and liver function test. It is unclear what the claimant's prior testing results were and there is no indication of any recent symptoms concerning possible liver or kidney issues. Furthermore, ongoing medication use for this claimant is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kidney and Liver Function Test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. According to a 3/27/14 progress note, the provider stated that he is requesting a kidney and liver function test for this patient who takes opioid and non-opioid analgesics on a chronic basis. The patient has been utilizing Norco and Naprosyn, which can be damaging to the liver and kidney when taking chronically. Therefore, the request for Kidney and liver function test was medically necessary.