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| Case Number: | CM14-0059782 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 05/11/2009 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

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 Management and is licensed to practice in Tennessee. 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 56-year-old male who has submitted a claim for cervical disc with radiculitis, degeneration of cervical disc, joint shoulder pain, and neck pain associated with an industrial injury date of May 11, 2009. Medical records from 2012-2014 were reviewed. The patient complained of neck and upper right extremity pain. There was associated tingling, numbness and weakness throughout her entire upper right extremity. Physical examination showed limited range of motion of the neck and bilateral upper extremities. There were trigger points noted as well. There were no major postural abnormalities or guarding. MRI of the cervical spine, dated January 9, 2010, revealed multilevel degenerative disc and joint disease with a 2-3mm broad based central disc protrusion with mild cord compression and central canal stenosis and moderate foraminal stenosis, right greater than left at C4-C5; C5-C6 central left paracentral 2mm disc protrusion causing bilateral foraminal narrowing as well as compression on the cord; and C3-C4 moderate left and mild right facet arthropathy and foraminal narrowing. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, trigger point injections, and cervical epidural steroid injections. Utilization review, dated April 14, 2014, denied the request for hepatic panel, blood urea nitrogen, and creatinine because the NSAID that the patient was taking has been discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepatic Panel, Blood Urea Nitrogen, Creatinine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory drugs (NSAIDs) Page(s): 70.

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/Kidney Function Tests](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/Kidney_Function_Tests), Medline Plus <http://www.nlm.nih.gov/medlineplus/ency/article/003435.htm>.

Decision rationale: Regarding hepatic panel, the CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. Regarding blood urea nitrogen and creatinine, Medline Plus from the US National Library of Medicine and National Institutes of Health states that kidney function tests are common lab tests which include BUN, Creatinine, and Creatinine clearance. In this case, hepatic panel and BUN/Creatinine were requested to test the patient's liver and kidney status as this is recommended in patients with chronic use of medications. Long-term maintenance medications include Relafen, Prilosec, Robaxin, Ibuprofen, and Hydrocodone/Apap which was switched recently to Oxycodone/Apap. The medical necessity has been established to monitor for possible adverse effects associated with long-term use of medications. Therefore, the request for hepatic panel, Blood Urea Nitrogen, Creatinine is medically necessary.