

Case Number:	CM14-0062360		
Date Assigned:	07/11/2014	Date of Injury:	06/06/2011
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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 worker sustained an injury on June 6, 2011. At an orthopedic visit on April 29, 2014, his diagnoses included status post cubital tunnel release August 2013, left medial and lateral epicondylitis, carpal tunnel syndrome worse on the right with nerve studies being positive, TFCC ligament tear along the wrist on the left not on the right, element of depression, sleep, stress and weight gain of 75 pounds. The treatment plan on that date included Norco and Effexor. He was advised to get liver and kidney blood test based on being on these medications. Additional treatment plan included Lidopro cream, Terocin patches, tramadol and nerve studies/EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 kidney and liver function test, CBC, and basic metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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:Physicians Desk Reference (PDR.Net) , Sections Effexor XR and Norco.

Decision rationale: In regards to Norco, the Physician's Desk Reference advises monitoring effects with serial hepatic and/or renal function tests in patients with severe hepatic or renal

disease. There is no recommendation for hepatic, renal or other blood tests In the absence of a history of, or signs or symptoms of liver or renal disease. In regards to Effexor, the Physician's Desk Reference advises monitoring heart rate, blood pressure, hepatic/renal function, height and weight, and ECG changes. Serum cholesterol level should be evaluated during long-term treatment. There is no recommendation for a complete blood count. Although hepatic and renal function assessment are medically necessary due to treatment with Effexor, the requested testing as a whole which includes a CBC is not medically necessary and appropriate.