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| Case Number: | CM14-0067755 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 09/23/2005 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 Pain Management 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 patient with a date of injury of 9/23/05. A utilization review determination dated 5/7/14 recommends non-certification of screening lab work to evaluate for potential side effects of medications. 4/29/14 medical report identifies pain 4-5/10, no change in right hand symptoms. Current medications include Lidoderm, Zoloft, Zolpidem, Naprosyn, omeprazole, Enalapril, and HCTZ. On exam, the hand looks pale, can't make a full fist, fingers are stiff and look like sausages, has diffuse allodynia of the dorsum of the hand and volar forearm, light touch causes a diffuse electrical sensation when touching the hand. Treatment plan includes labs to monitor side effect of Naprosyn to include CBC, kidney, and liver function tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 screening labwork to evaluate for potential side effects of medications between 4/29/2014 and 7/5/2014: 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
<http://labtestsonline.org/understanding/analytes/cbc/tab/test>,

<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>,
<http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

Decision rationale: Regarding the request for screening lab work to evaluate for potential side effects of medications, California MTUS does not address the issue. There is support for periodic testing for patients utilizing chronic medications in order to evaluate for damage to organs such as the kidneys and liver. Within the documentation available for review, the patient has a chronic injury and there is documentation of the use of multiple medications. However, there is no documentation of the date and results of any prior testing that has been performed to support repeating the testing at this point. In light of the above issues, the currently requested screening lab work to evaluate for potential side effects of medications is not medically necessary.