

Case Number:	CM14-0081915		
Date Assigned:	07/18/2014	Date of Injury:	11/15/2004
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/03/2014

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 Internal Medicine and Pulmonary Disease 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 injured worker is a 59-year-old female with a reported injury on 11/15/2004. The mechanism of injury was that the injured worker was running back and forth between two operating rooms and trying to clean equipment and instruments. She was carrying some supplies on a tray from one room to another and she had tripped over a hose. She ended up falling forward landing on all fours. The injured worker stated that she used her hands to brace herself to avoid hitting a wall with her head. She landed on both of her knees and felt the pain in the neck and upper back and lower back and the bilateral wrists. The injured worker's diagnoses consisted of spasm of the muscle, cervical radiculopathy, and disc disorder, cervical. The injured worker has had previous treatments to include the use of a TENS (transcutaneous electrical nerve stimulator) unit, Lidoderm patches, massage, ice and physical therapy, which has shown some improvement and it made the injured worker better. The injured worker was unable to leave her home to do exercises. She had difficulty with her activities of daily living. The injured worker had an examination on 04/02/2014 with complaints of neck pain radiating from her neck down to both of her arms and a headache. The injured worker reported that her pain level had decreased but rated her pain with medications at a 7/10. Upon examination, her range of motion was restricted. Upon examination of the paravertebral muscles, there were spasms and tenderness and a tight muscle band noted on both sides. The Spurling's maneuver caused pain in the muscles of the neck but there were no radicular symptoms. Her medication list consisted of Fiorinal, Lidoderm patch, Tylenol with Codeine, Zantac and Soma. The injured worker stated that the medication helped her improve her functional daily activities. She rated her pain in general between 6 and 7 with medications, and 9-10 out of 10 without medications. The recommended plan of treatment was to continue with her medications and to continue the use of the TENS unit and lab serum AST (Aspartate aminotransferase) and ALT (Alanine transaminase) and renal

panel for monitoring of the liver and kidney function. The Request for Authorization was signed and dated for 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs serum AST & ALT & Renal panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The lab serum AST, ALT and renal panel is non-certified. The injured worker has chronic neck pain and headaches. She is currently taking Fiorinal, Tylenol with Codeine and Soma. The MTUS Guidelines recommend for the use of NSAIDS, periodic lab monitoring with a CBC and chemistry profile (to include liver and renal function tests). There has been a recommendation to measure the liver with a transaminases testing within 4-8 weeks after starting therapy but the interval of repeating lab tests after this treatment duration has not been established. There is no indication as to how long the medications have been taken. It is unknown if the injured worker has had previous labs. Therefore, the request for the lab serum AST and ALT and the renal panel is non-certified.