

Case Number:	CM14-0206525		
Date Assigned:	01/06/2015	Date of Injury:	09/27/2002
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 27, 2002. In a Utilization Review Report dated November 12, 2014, the claims administrator approved a request for Effexor, approved a request for psychology referral, and denied a request for liver and renal function testing. Conditionally denied Norco, conditionally denied Desyrel, and conditionally denied Lidoderm. The applicant had undergone two prior shoulder surgeries. The claims administrator seemingly denied the request for renal and hepatic function testing. These tests were not reportedly addressed by the MTUS. No guidelines were cited. The claims administrator did reference an RFA form received on November 6, 2014 and associated progress note of October 7, 2014 in its determination. The applicant's attorney subsequently appealed. In a June 5, 2012 progress note, the attending provider stated that a Worker's Compensation Judge (WCJ) had stated that the applicant's right upper extremity and psychological issues were part of the claim. The applicant was working in another state, in Montana. The applicant was given refills of a TENS unit, Vicodin, Lyrica, Flexeril, Prilosec, Acetadryl, Dendracin, Synovacin, and Effexor. The note was very difficult to follow and at times contradictory as, in one section of the note, it was stated that the applicant was working in another state while another section of the note stated that the applicant was retired. The applicant did have a history of nephrolithiasis, it is incidentally noted. On December 11, 2014, the applicant was off of work owing ongoing complaints of neck and shoulder pain. The applicant had not worked since 2000, it was acknowledged. The applicant was receiving [REDACTED] benefits, it was acknowledged. The attending provider noted that the applicant had long-standing issues with sleep, psychological stress, and depression. The attending provider commented that the applicant's renal and hepatic functions were satisfactory. The applicant was

reportedly asked to continue and/or receive refills of LidoPro, Remeron, Flexeril, Norco, Protonix, and Lunesta. Permanent work restrictions were renewed. On October 10, 2014, the applicant reported ongoing complaints of neck and left shoulder pain. It was again stated the applicant was not working, but receiving [REDACTED] benefits. The applicant was using a cervical traction device. Laboratory testing was endorsed on the grounds that the applicant had not had any recent renal and/or hepatic function testing. Remeron and Flexeril were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One blood testing for liver and kidney function: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of renal, hepatic, and hematologic function via CBC and chemistry testing is recommended in applicants using NSAIDs. Here, while the applicant is not using NSAIDs, the applicant is, however, using a variety of medications which are processed in the liver and kidneys, including Norco, Norflex, Effexor, Lidoderm, Desyrel, etc. By analogy, periodic assessment of the applicant's renal and hepatic function to ensure that the present levels of renal and hepatic function were compatible with the currently prescribed medications was/is indicated. Therefore, the request was medically necessary.