

Case Number:	CM15-0009210		
Date Assigned:	01/27/2015	Date of Injury:	08/15/1997
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Florida
Certification(s)/Specialty: Family Practice

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 71 year old male with an industrial injury dated August 15, 1997. The injured worker was diagnosed lumbar radiculopathy, low back pain and disc disorder lumbar. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/17/14, the injured worker reported lower backache. Physical exam revealed decreased range of motion in the lumbar spine and tenderness noted in L4 with positive bilateral lumbar facet loading. The treating physician prescribed services for labs (Serum AST, ALT and Renal Panel) to rule out potential end organ damage for ongoing medication regimen. Utilization Review (UR) determination on January 8, 2015 denied the request for labs (Serum AST, ALT and Renal Panel), citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (Serum AST, ALT and Renal Panel): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific drug list and adverse effects Page(s): page 70.

Decision rationale: MTUS guidelines recommend "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Regarding this patient's case, the date and results of prior laboratory test results for liver and renal function tests have not been provided. The date on which he began taking medications that could impair liver and renal function was also not provided. Therefore, the medical necessity of this request can not be established.