

<b>Case Number:</b>	CM15-0103992		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35 year old male, who sustained an industrial injury on 2/15/2013. He reported right foot and toe pain. The injured worker was diagnosed as having causalgia of lower limb, foot pain, and lower leg joint pain. Treatment to date has included medications, right foot surgery, and right leg orthotics. The request is for BUN, creatinine, and hepatic function panel testing. On 4/29/2015, he complained of right foot and toe pain. He rated his pain with medications as 4/10, and without medications as 7/10. He reported no side effects or new problems and indicated his sleep quality to be poor. He is noted to have a toe fracture, and tenderness over the foot and toe of the right side. The treatment plan included: physical therapy, x-rays, orthotic evaluation, laboratory evaluations for liver and kidney function, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Creatinine:** Upheld

**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 page 70.

**Decision rationale:** According to the MTUS, the 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. According to the most recent progress note, the patient is no longer taking NSAID's; consequently, laboratory studies are no longer necessary. Creatinine is not medically necessary.

**Hepatic function panel:** Upheld

**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 page 70.

**Decision rationale:** According to the MTUS, the 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. According to the most recent progress note, the patient is no longer taking NSAID's; consequently, laboratory studies are no longer necessary. Hepatic function panel is not medically necessary.

**BUN:** Upheld

**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 page 70.

**Decision rationale:** According to the MTUS, the 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. According to the most recent progress note, the patient is no longer taking NSAID's; consequently, laboratory studies are no longer necessary. BUN is not medically necessary.