

Case Number:	CM15-0162404		
Date Assigned:	08/28/2015	Date of Injury:	03/07/2015
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, California

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 (IW) is a 55 year old male who sustained an industrial injury on 03-07-2015. He reported a finger injury resulting in amputation of the tip and a slicing injury to the right second finger. The injured worker was diagnosed as having a right 2nd index distal interphalangeal amputation of finger. Treatment to date has included acupuncture and medications. Currently, the injured worker complains of pain and sensitivity at the tip of his right 2nd finger. He has sleep issues due to pain keeping him awake at night, and his mood is reported as poor. His pain level is a 9. Norco was prescribed. He has no reported difficulties with Norco with exception of bloating. A Piccoio (comprehensive metabolic panel) was run to assess his kidney and liver function. The plans of care was for supporting the worker in decreasing his meds secondary to gastritis issues, and to continue acupuncture, TENS and Meds, consider a MRI, and consideration of a home exercise program, depression screening, and sleep hygiene instruction. A request for authorization was submitted for: Retrospective 1 Piccoio (CMP) lab (dos 7/13/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 Piccoio (CMP) lab (dos 7/13/15): 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 NSAIDS and opioids Page(s): 67, 82-92.

Decision rationale: According to the guidelines, opioids and NSAIDS can affect liver and renal function for those at risk . In this case, the claimant was on opioids with no difficulties. There was no mention of NSAID use. There was no mention of diabetes or hepatic disease. The claimant was recently initiated on topical LidoPro which can reach system levels similar to oral NSAIDS but the claimant had not started the medication at the time of request. The request for a CMP which includes glucose, albumin, liver and renal function is not medically necessary.