

Case Number:	CM15-0189765		
Date Assigned:	10/02/2015	Date of Injury:	01/20/2010
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 01-20-2010. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for meralgia paresthetica, lumbalgia, lumbar spondylosis, lumbar radiculopathy, lumbar degenerative disc disease, sacroiliac joint dysfunction, headache, occipital neuralgia, failed neck surgery syndrome, and wrist pain. Treatment and diagnostics to date has included cervical spine surgery, electromyography, physical therapy, and medications. Current medications include Gabapentin, Multivitamin, Vicodin, Celebrex, Cyclobenzaprine, and Neurontin. After review of the progress note dated 08-17-2015, the injured worker reported numbness in the left lower extremity, aching in the back, and numbness in the bilateral upper extremities. Objective findings included decreased lumbar spine range of motion, positive Patrick's test bilaterally, and "normal" sensation in bilateral upper and lower extremities. The request for authorization dated 08-25-2015 requested chem (chemistry) 20 for liver function, Norco, Gabapentin, and Cyclobenzaprine. The Utilization Review with a decision dates of 09- 01-2015 non-certified the request for chem 20 for liver function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chem 20 for liver 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 Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with pain in the low back and the left lower extremity, and numbness in the bilateral upper extremities, from elbows to hands. The request is for CHEM 20 FOR LIVER FUNCTION. Physical examination to the lumbar spine on 08/17/15 revealed tenderness to palpation to the paraspinal muscles, left greater than right, and over the sacroiliac joint. Range of motion was noted to be restricted in all planes. Per Request For Authorization dated 08/25/15, patient's diagnosis include parestheticam meralgia paresthetica, lumbalgia, lumbar spondylosis, lumbar radiculopathy, lumbar degenerative disc disease, sacroiliac joint dysfunction, headache occipital, neuralgia, failed neck surgery syndrome, wrist pain, and dry mouth possibly due to medications. Per 08/17/15 progress report, patient's medications include Norco, Tramadol, Gabapentin, and Cyclobenzaprine. Per 08/17/15 progress report, patient is temporarily totally disabled. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Chronic Pain Medical Treatment Guidelines, page 70, NSAIDs, Specific Drug List & Adverse Effect section, does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The treater has not specifically discussed this request. In this case, only one progress report was available, dated 08/17/15, in which the patient's current medications include Gabapentin, Multivitamins, Vicodin, Celebrex, and Neurontin. Review of the medical records provided indicates that the patient had a metabolic panel test on 08/27/15. In this case, the patient is utilizing NSAID (Celebrex). MTUS Guidelines support liver and renal function tests for patients on chronic NSAIDs therapy. The request appears reasonable and within guideline recommendations. Therefore, the request IS medically necessary.