

Case Number:	CM15-0194238		
Date Assigned:	10/08/2015	Date of Injury:	01/14/2007
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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 56 year old male, who sustained an industrial injury on 1-14-2007. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar disc protrusions, radiculopathy, left shoulder torn rotator cuff per MRI, status post left knee arthroscopy, osteonecrosis femoral condyle of left knee, and right knee pain secondary to overuse. On 8-25-15, he complained of increasing night time pain in the left shoulder. It was documented that pain in the right knee was increasing associated with swelling. The provider documented a diagnosis of left knee osteonecrosis treating with magnetic stimulator. The physical examination documented asymmetric lumbar range of motion with spasm. The left knee demonstrated tightness of the hamstrings, effusion, and crepitus. The right knee noted to have effusion, tenderness with increased crepitus and a popliteal cyst. The left shoulder demonstrated positive Neer and Hawking's tests with tenderness. The plan of care included repeat MRI of left knee was still pending, toxicology screen, LFT blood tests, and lumbar epidural injection. Medications ordered included a Medrol Dosepak, Hycet, Prilosec, and Ultram. The appeal requested authorization for a liver function test. The Utilization Review dated 9-25-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver function test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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 back, shoulder, and knee pain. The request is for LIVER FUNCTION TEST. The request for authorization is not provided. Patient's diagnoses include lumbosacral radiculopathy; left knee osteonecrosis femoral condyle; developing right knee pain secondary to overuse-derivative injury. Physical examination reveals lumbar spine spasm, diminished range of motion; tight hamstrings; left knee healed scar, effusion right knee popliteal cysts and crepitus; left shoulder positive Neer and Hawkins, and tender subacromial space. Patient's medications include Hycet, Prilosec, and Ultram. Per progress report dated 09/08/15, the patient to remain off-work. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines, NSAIDs, specific drug list & adverse effects Section, page 70 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." Treater does not discuss the request. MTUS supports the monitoring of liver and renal functions when patient is taking NSAIDs. Review of provided medical records shows no evidence of a prior Liver Function Test. However, review of provided medical records show the patient is not prescribed any NSAIDs. There does not appear to be any other reasons for which a liver function test may be needed as the treater does not discuss the request. Therefore, the request IS NOT medically necessary.