

Case Number:	CM15-0198426		
Date Assigned:	10/20/2015	Date of Injury:	10/31/2000
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Pennsylvania

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 60 year old female, who sustained an industrial injury on 10-31-00. The injured worker has complaints of chronic and bilateral leg pain. There is tenderness over the lower lumbar facet joints diffuse non-specific paraspinal tenderness, myofascial trigger points. Straight leg raise is markedly positive left into the bottom of her foot at 50 degrees and right side is equivocal. There is decreased sensation left lateral foot. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. The documentation noted on 8-27-15 that Controlled Substance Utilization Review and Evaluation System is negative for any other prescribers. The documentation noted that the injured worker has not had a urine toxicology or liver function test in a long time. Treatment to date has included savella (has been very helpful), Norco and physical therapy. The original utilization review (9-8-15) non-certified the request for One (1) Set of Labs to Include Aspartate Aminotransferase (AST) and Alanine Aminotransferase (ALT).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Set of Labs to Include AST/ALT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Monitoring of Liver Chemistry with Medication Use. Abnormal Liver Chemistry - Evaluation and Interpretation. Victoria (BC): British Columbia Medical Services Commission; 2011 Aug. 5 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/Savella, Lexicomp/Norco.

Decision rationale: An indication for the AST/ALT has not been provided in the medical record. There is no indication that this worker has a history of hepatic disease or symptoms of hepatic disease. Monitoring of liver transaminases may be indicated in the prescribing of certain medications but not in any of the medications this worker is reported to be taking which includes Savella and Norco. The monitoring parameters for Savella in Lexicomp are: "Blood pressure and heart rate should be regularly monitored; renal function should be monitored for dosing purposes; mental status for suicidal ideation (especially at the beginning of therapy or when doses are increased or decreased); intraocular pressure should be monitored in those with baseline elevations or a history of glaucoma." The monitoring parameters for Norco in Lexicomp are: "Pain relief, respiratory and mental status, blood pressure; signs or symptoms of hypogonadism or hypoadrenalism." Liver tests are not recommended as monitoring parameters for either Savella or Norco. Therefore, the request is not medically necessary.