

<b>Case Number:</b>	CM15-0199691		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, North Carolina  
 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 59 year old male who sustained an industrial injury on 10-2-01. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc degeneration, post-laminectomy syndrome of the lumbar region, lumbar spinal stenosis, and lumbosacral spondylosis without myelopathy. Subjective complaints (9-28-15) include low back pain that radiates into the right leg occasionally. Pain is rated at 5 out of 10 with a 35% reported relief with the current pain regimen. Objective findings (9-28-15) include occasional constipation controlled with Colace. Previous treatment includes Colace, MS Contin (since at least 7-28-15), Norco (since at least 7-28-15), and Zolpidem. The treatment plan includes a comprehensive metabolic panel to assess his hepatic and renal function as he has continued Norco and MS Contin. The requested treatment of a comprehensive metabolic panel was non-certified on 10-5-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) comprehensive metabolic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus).

**Decision rationale:** CA MTUS does not address use of the CMP. The request is to assess hepatic and renal function due to chronic use of Norco and MS Contin. The patient's date of injury was 12/2/2001 and he is being treated for chronic low back pain. The medical records do not reveal signs and symptoms of underlying electrolyte, renal or hepatic dysfunction. There is no known indication for routine screening for hepatic and renal function in patients taking opioids. No other rationale is given, such as organic illness, for requesting a CMP. Therefore the request is not medically necessary or appropriate.