

Case Number:	CM15-0047962		
Date Assigned:	03/20/2015	Date of Injury:	10/30/1999
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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, Texas

Certification(s)/Specialty: Internal Medicine

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 65-year-old male who sustained an industrial injury on 10/30/1999. Diagnoses include cervical radiculopathy, lumbar spine pain and failed back syndrome (lumbar). Treatment to date has included medications and bilateral wrist/hand surgeries. Diagnostics performed to date has included an MRI. According to progress notes dated 2/19/15, the IW reported neck and low back pain. He continued to have a rash and pruritis and was seeing a dermatologist. The rationale for the requested liver function test was not stated in the notes reviewed.

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: 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.UptoDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of LFTs. The documentation states the patient is taking Morphine IR, zanaflex, cymbalta and topical lidoderm for pain. According to UptoDate.com, when taking zanaflex monitor liver function (aminotransferases) at baseline and 1 month after maximum dose achieved or if hepatic injury suspected; blood pressure; renal function. In this case, the documentation does not support that the patient is newly taking zanaflex or that the IW has any symptoms consistent with liver or kidney disease.