

<b>Case Number:</b>	CM15-0050896		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65-year-old male who sustained an industrial injury on 11/15/11. Initial complaints and diagnoses are not available. Treatments to date include 3 spinal fusion surgeries and medications. Diagnostic studies are not discussed. Current complaints include low back and right foot/ankle pain. In a progress note dated 02/11/15 the treating provider reports the plan of care as continued medications including Norco, Cymbalta, Prilosec, and fluriprofen/ Ketoprofen/ ketamine/gabapentin/cyclbenzaprine/capsaicin gel as well as a blood chemistry panel. The requested treatment is a blood chemistry panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive metabolic panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, lab work.

**Decision rationale:** MTUS/ACOEM practice guidelines do not address routine laboratory testing for kidney or liver function. ODG does not directly address routine testing; however, supports labs for acetaminophen overdose and hepatotoxicity. A warning is given on all acetaminophen products that patients who consume greater than 3 alcoholic drinks a day are at high risk and should discuss this further with their physician. Renal toxicity and insufficiency occurs in 1 - 2% of patients with acetaminophen overdose. Medical records indicate that the injured employee is taking Norco as prescribed and does not excessive alcohol usage or any pre-existing and/or medical conditions that would warrant the requested laboratory testing. Therefore, this request is not considered medically necessary.