

Case Number:	CM15-0053541		
Date Assigned:	03/27/2015	Date of Injury:	07/14/2006
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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 48-year-old male who reported an injury on 07/14/2006. The mechanism of injury was not specifically stated. The current diagnoses include mood disorder, lumbar post laminectomy syndrome, lumbar disc disorder, lumbar degenerative disc, and low back pain. The injured worker presented on 03/09/2015 for a follow-up evaluation with complaints of 7/10 pain. The injured worker also reported fair sleep quality and an increase in activity level. The current medication regimen includes Lidoderm 5% patch, Pepcid 20 mg, Ambien CR 12.5 mg, and Norco 10/325 mg. Upon examination there was an antalgic gait, restricted lumbar range of motion, paravertebral muscle spasm and tenderness, positive facet loading on the left, equal and symmetric deep tendon reflexes, intact sensation and normal motor examination.

Recommendations at that time included, laboratory testing and a referral to a neurosurgeon and a gastroenterologist. The injured worker was also instructed to continue with the current medication regimen. A Request For Authorization form was then submitted on 03/11/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs serum AST (aspartate aminotransferase) and ALT (alanine aminotranferase) and renal panel for screening of liver and kidney function: 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 Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015.

Decision rationale: According the American Association for Clinical Chemistry, the ALT test is typically used to detect a liver injury. The AST test is also used to detect liver damage. A renal panel may be used to evaluate kidney function, to help diagnose kidney related disorders, or to screen those who may be at risk of developing kidney disease. In this case, the injured worker does not maintain a diagnosed condition that would commonly use the requested laboratory studies to treatment or monitor the specific condition. The injured worker does not maintain any signs or symptoms suggestive of an abnormality related to kidney or liver function. The medical necessity for the requested laboratory testing has not been established in this case. As such, the request is not medically appropriate.

Referral to neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with line of inquiry, when treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. There was no mention of exhaustion of conservative management. There is no recent documentation of a sensory or motor deficit. The medical necessity for the requested referral has not been established. As such, the request is not medically appropriate.

Referral to gastroenterologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, it is noted that the injured worker utilizes Pepcid 20 mg. However, there is no

documentation of gastrointestinal pain or symptoms related to the gastrointestinal system. There is no evidence of a significant abnormality to support the necessity for a gastrointestinal consultation. Given the above, the request is not medically appropriate.

Pepcid 20 mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state treatment of dyspepsia secondary to NSAID therapy includes discontinuation of the NSAID, switching to a different NSAID or consideration of a H2 receptor antagonist or a proton pump inhibitor. In this case, it is noted that the injured worker has continuously utilized Pepcid 20 mg. The injured worker has a previous history of heartburn and GERD secondary to medication use. While the current medication may be considered, there was no frequency listed in the request. Given the above, the request is not medically appropriate.