

Case Number:	CM15-0237786		
Date Assigned:	12/14/2015	Date of Injury:	02/14/1997
Decision Date:	01/15/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/07/2015

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 58 year old male, who sustained an industrial injury on 02-14-1997. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder injury and cervical pain with radiculopathy. Medical records (06-08-2015 to 10-27-2015) indicate ongoing neck pain, right shoulder pain, insomnia and depression. Pain levels were 6 out of 10 on a visual analog scale (VAS) with medications, and 10 out of 10 without medications. Per the treating physician's progress report (PR), the IW may returned to work with restrictions. The physical exam, dated 10-27-2015, revealed tenderness to palpation over the right shoulder and lumbar facet joints. The remaining findings were normal. Relevant treatments have included: right shoulder surgery, physical therapy (PT), work restrictions, and medications (opioids for several months). The treating physician indicates that urine drug testing and CURES will be monitored. The request for authorization (10-29-2015) shows that the following test was requested: comprehensive metabolic panel. The original utilization review (11-09-2015) non-certified the request for comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel (CMP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/gabapentin/oxycotin/temazepam.

Decision rationale: This worker is taking gabapentin, oxycotin and temazepam. Monitoring parameters for gabapentin only requires monitoring of serum levels of concomitant anticonvulsant therapy. Dosing adjustment is needed if there is a history of renal impairment and the CrCl would need to be monitored but this worker has no report of renal impairment. This medication is not hepatically metabolized and liver monitoring is not needed. Monitoring parameters for oxycotin do not include labs included in a metabolic panel. However if there is a history of renal or hepatic impairment, renal and hepatic function monitoring would be necessary for correct dose adjustment. However the record does not indicate this worker has a history of renal or hepatic impairment. Monitoring paramenters for temazepam does not include labs. No dosing adjustment is required for hepatic or renal impairment. Based on the medications this worker is reported to be taking, there is no indication for a metabolic panel. Neither is there any other indication provided in the medical record for a metabolic panel. The request is not medically necessary.