MAXIMUS Federal Services

Case Number:	CM14-0119364		
Date Assigned:	09/22/2014	Date of Injury:	05/06/2006
Decision Date:	10/21/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male injured worker sustained an industrial injury on 5/6/06. Injury occurred lifting heavy pieces of a compressor while trying to fix it. The patient was diagnosed with multilevel cervical and lumbar disc herniations and right shoulder and groin sprain/strain. Records indicated that patient had been using opioid pain medications since at least April 2008. Medication management was documented since 4/15/13 and included Opana, Norco, Ambien, and Fioricet. The 5/21/14 treating physician progress report cited a recent flare-up of severe right-sided low back, upper back and buttock pain while doing some light sweeping. He reported some reduction in flare-up symptoms with ice, heat, TENS unit, pain medications, and anti-inflammatories. He reported pain was so severe and he was basically bedridden without medications. He reported being alienated from friends with limited activities due to pain. Physical exam documented thoracolumbar paraspinal tenderness bilaterally, right more than left, and limited range of motion. Gait was slightly antalgic with a wide stance. He had difficulty rising from a seated position. The diagnosis was chronic neck pain due to tight muscles and spasms, right shoulder pain status post labral tear repair and impingement surgery, and right thoracic pain possibly due to costochondritis versus a neuritis of the intercostal nerve. Problems were reported with anxiety, depression, and insomnia. The patient was prescribed Opana 30 mg #90, Norco 10/325 mg #200, Ambien 10 mg #45, Fioricet 50/325 mg #60 and Naproxen 550 mg #60. Referral to physiatry was recommended. The patient was not working. A request for liver and kidney function testing was received on 6/30/14. The 7/14/14 utilization review denied the request for a liver and kidney function test due to lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver and kidney function Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Management of Opioid Therapy for Chronic Pain Working Group. VA/DoD clinical practice guideline for management of opioid therapy for chronic pain. Washington (DC): Department of Veterans Affairs, Department of Defense; 2010 May

Decision rationale: The California MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) for patients taking non-steroidal anti-inflammatory drugs (NSAIDs). The California MTUS guidelines and the Official Disability Guidelines do not provide guidance for renal and liver function lab testing in patients with chronic opiate use; therefore the National Guidelines Clearinghouse was referenced. Evidence based medical guidelines support the use of laboratory studies, especially liver or kidney function screens, as routine follow-up for patients on opioid therapy for chronic pain. Guideline criteria have been met. This patient has been on long-term opioid therapy with no evidence of prior liver or kidney function testing. The prescription quantity suggests a daily morphine equivalent dose (MED) of 120 or greater. Additionally, the patient is noted to be using NSAIDs. Therefore, this request is medically necessary