

<b>Case Number:</b>	CM14-0119763		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/25/2002
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 61-year-old male who reported an injury on 11/25/2002. The mechanism of injury was cumulative trauma. Prior studies included an MRI of the lumbar spine, thoracic spine, pelvis, hips, brain, and cervical spine. The injured worker underwent an EMG/NCV study. Prior treatments included a TENS unit and medications. The injured worker's medications included hydrocodone/APAP 5/325 mg, Elavil, Flexeril, and Promolaxin. The surgical history included a C5-6 fusion. The documentation of 08/05/2014 revealed the injured worker had complaints of ongoing neck and mid and low back pain. The injured worker indicated his overall condition had slightly improved since last visit. The injured worker complained of a pulsing and burning pain rated at 2/10 to 3/10. The injured worker had noted he had prior injections that had helped. The injured worker was taking Norco 10/325 mg daily, Norflex 100 mg daily, and Elavil 10 mg. The injured worker stated that the medications helped to decrease the pain and improve his daily function. The injured worker had GI upset; however, he denied other side effects. The objective findings revealed the injured worker had a gait that was mildly antalgic. The range of motion in the cervical, thoracic, and lumbar spine was decreased in all planes with lumbar extension being less than 5 degrees. There was tenderness to palpation of the cervical and thoracic paraspinals as well as facet joints to the lumbar spine. There was a positive facet challenge. There was increased pain with lumbar extension. The motor examination revealed 4+/5 strength in the bilateral quadriceps, hamstrings, and tibialis anterior. The EHL was limited by pain. The right lower extremity had swelling that was noted. The pulses were 2/4. The CURES report was consistent and the urine toxicology was consistent. The injured worker had a medication panel on 07/23/2013 which revealed the creatinine was normal, there was normal hepatic function, and the BUN was high at 27. The request was made to evaluate for complications of medications use and maximize medication safety. The diagnoses

included facet arthropathy at L3-4 and L4-5, moderate canal stenosis at L4-5 and L3-4, lumbar radiculopathy, C5-6 fusion, medication induced gastritis, history of renal insufficiency, and cervical facet arthropathy. The treatment plan included a rhizotomy at bilateral C5-6 and C6-7. Additionally, the treatment plan included a refill of the medications Norco 5/325 mg and Norflex ER 100 mg and a trial of Pamelor 25 mg #60. There was no Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lab Med Panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 70.

**Decision rationale:** The California MTUS Guidelines recommend routine monitoring of liver and kidney function testing for injured workers taking long term NSAID medications. The clinical documentation submitted for review indicated the injured worker was previously tested on 07/23/2013. The documentation indicated that the request was made to evaluate for complications of medications use and maximize medication safety. However, there was a lack of documentation indicating a necessity for a retest. Additionally, the request as submitted failed to indicate the components for the lab med panel. Given the above and the lack of documented rationale, the request for lab med panel is not medically necessary.