

<b>Case Number:</b>	CM14-0144295		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/06/2005
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Neurologist and is licensed to practice in Texas, Ohio and Massachusetts. 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 58-year-old male who reported an injury on 05/06/2005. The mechanism of injury was a slip and fall. The diagnoses included lumbar strain with bilateral lumbar radiculitis, cervical strain, bilateral shoulder pain, and bilateral knee pain. Within the clinical note dated 08/04/2014, it was reported the injured worker complained of cervical spine discomfort. He rated his cervical spine pain 4/10 in severity. He complained of lumbar spine pain which he rated 6/10 in severity. The injured worker complained of bilateral knee pain. Upon the physical examination, the provider noted tenderness to palpation of the cervical spine. The active range of motion was noted to be flexion 90% of normal, and extension 60% of normal. There was tenderness to palpation of the paralumbar muscles and spams more on the right than left. The injured worker had a positive straight leg raise on the right at 70 degrees, and on the left at 80 degrees. The provider requested Norco, liver function test, and renal function test. The rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325 mg quantity: 60 on 08/05/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; Opioids for neuropathic pain; Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #60 on 08/05/2014 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or in patient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.

**Retrospective Liver Function Test on 08/05/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The retrospective request for a liver function test on 08/05/2014 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating labs after this treatment duration has not been established. Routine blood pressure monitoring is, however, recommended. The provider failed to document the rationale warranting the medical necessity for the request. Additionally, the injured worker's opioid medication has been denied, therefore, the request for labs is also not medically necessary.

**Retrospective Renal Function Test on 08/05/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 70.

**Decision rationale:** The request for retrospective renal function test on 08/05/2014 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating labs after this treatment duration has not been established. Routine blood pressure monitoring is, however, recommended. The provider failed to document a rationale warranting the medical necessity for the request. Additionally, the injured worker's opioid medication has been denied, therefore, the request for labs is also not medically necessary.

