

<b>Case Number:</b>	CM14-0163244		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Emergency Medicine 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:

The injured worker is a 59 year-old male, who sustained an injury on June 19, 2008. The mechanism of injury occurred when he fell from a desk. Pertinent diagnostics were not noted. Treatments have included: fracture treatment, medications. The current diagnoses are: chronic pain syndrome, cervical fractures, lumbar fractures, left clavicle fracture, post-traumatic stress disorder, reactive depression, sleep dysfunction, post-concussion syndrome. The stated purpose of the request for One (1) Liver Function Test was to assess potential side effects from prolonged use of Norco. The request for One (1) Liver Function Test was denied on September 26, 2014 citing a lack of documentation of the medical necessity for this test, nor evidence of long-term NSAID usage. Per the report dated September 12, 2014, the treating physician noted complaints of chronic pain to the neck, mid and low back. Exam findings included negative straight leg raising tests, full and equal upper and lower extremity muscle strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Liver Function Test:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects.

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

**Decision rationale:** The requested One (1) Liver Function Test is medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The injured worker has chronic pain to the neck, mid and low back. The treating physician has documented negative straight leg raising tests, full and equal upper and lower extremity muscle strength. The injured worker has been prescribed Norco, since at least March 2014. As this contains acetaminophen, which is metabolized in the liver, the medical necessity for this test has been established. The criteria noted above having been met, One (1) Liver Function Test is medically necessary.