

Case Number:	CM14-0183263		
Date Assigned:	11/06/2014	Date of Injury:	10/01/2010
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 68-year-old female sustained an industrial injury on 10/1/10. The mechanism of injury was not documented. Past medical and surgical history was not documented in the available records. Records noted a prior request for SMA-18 on 6/30/14 to check kidney function with no indication of whether this was completed or what results were obtained. The 10/13/14 treating physician report cited continued low back pain radiating down her left leg. Pain at night with cold weather was 7-8/10 and interfered with sleeping on her left side. Daytime pain was 5/10. Current treatment included a home exercise program, acupuncture, and transcutaneous electrical nerve stimulation (TENS) unit. Authorization for physical therapy was reported as pending. Current medications included Lidoderm patches, Norco 5/325 mg three times a day as needed, Prilosec, and Tramadol 50 mg every 6 hours as needed. Physical exam documented healed midline scar, minimal lumbar and posterior pelvic tenderness, mild to moderate loss of lumbar range of motion, intact sensation, normal reflexes, and positive left straight leg raise at 60 degrees. There was 4/5 weakness over the left tibialis anterior, extensor hallucis longus, and peroneals. The diagnosis was lumbar herniated nucleus pulposus, lumbago, lumbar disc disorder with myelopathy, sciatica, and foot drop. The treatment plan requested authorization for an SMA-18 to check liver and kidney function, acupuncture for pain control 2 times 6, urine drug screen, referral to spine surgeon, and refill Lidocaine patches #30, Prilosec 20 mg #30, and Tramadol 50 mg #120. The 10/20/14 utilization review denied the request for an SMA-18 test. No rationale was available regarding this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Muscular Atrophy (SMA) 18 Test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 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 indicated for patients on opioid therapy for chronic pain. Guideline criteria have not been met. Records documented that this lab test was previously requested on 6/30/14 with no report of results. There is no rationale presented to support the medical necessity for the assessment of kidney and liver function in this patient. There is no documentation of past medical history with identified risk factors or current physical exam findings suggestive of kidney or liver dysfunction. Therefore, this request is not medically necessary.