

<b>Case Number:</b>	CM14-0014522		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 33 year old male, who sustained an industrial injury on February 12, 2013, incurring low back injuries. He was diagnosed with lumbar disc disease with disc herniation, lumbar neuritis, lumbar and thoracic sprain. Treatment included physical therapy, muscle relaxants, anti-inflammatory drugs, neuropathic medications and topical analgesic cream, psychotherapy, pain medications, and work restrictions. Currently, the injured worker complained of lower back pain with numbness radiating down the right leg. The pain rates a 7 on a scale of 1 to 10. It is aggravated by prolonged standing, sitting, walking and lying flat. The treatment plan that was requested for authorization included a follow up visit with his physician for medications for pain and inflammation and a complete medical panel to monitor liver and kidney status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMP to Monitor Liver and Kidney Status (6-visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Section: NSAIDs and Adverse Side Effects.

**Decision rationale:** The Official Disability Guidelines comment on the potential renal and hepatic side effects for patients on NSAIDs. Regarding potential hepatic side effects, the Official Disability Guidelines state the following: Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Regarding potential renal side effects, the Official Disability Guidelines state the following: Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, the records indicate prior mild elevation of liver function testing in 2013; as assessed by [REDACTED]. Specifically, the patient had an increase in the AST. There is no mention in the records of renal function testing. Given the above cited guidelines, it is reasonable to monitor this patient's liver and renal function with a CMP (comprehensive metabolic panel). However, there is no rationale provided for the need for 6 tests; given that there is no current evidence of symptoms of hepatic or renal impairment in this patient. In the Utilization Review process, the request for a CMP was modified to allow for one baseline test. This action is consistent with the above cited guidelines. The frequency of further testing should be based on these test results as well as documentation in the records regarding signs or symptoms or examination evidence of hepatic or renal impairment. In summary a CMP to monitor liver and kidney status X 6 is not medically necessary.

**Continue with [REDACTED] for Purposes of Medication for Pain and Inflammation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the clinician's role in the prevention and management of disability. These guidelines state the following: "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." In this case, the Primary Treating Provider is a Chiropractor. However, the patient's medication management is being performed by [REDACTED]. There are repeated entries in the medical records from [REDACTED] which describe ongoing assessments for medical management including assessment of potential adverse side effects. However, there is no clarification in the records as to the

requested frequency of these evaluations by [REDACTED]. In the Utilization Review process, this concern led to modification of the request with approval for one visit with [REDACTED] and a recommendation that one provider medically manage this patient's symptoms. This is consistent with the above cited MTUS recommendations. Given that the primary treating provider practices Chiropractic Medicine and the patient has seen [REDACTED] for medication management, it will be important for future documentation to clarify the specific requested frequency of follow-up with [REDACTED] and the goals of these evaluations. However, the request for continued follow-up with [REDACTED] does not provide enough specific information on the frequency of these evaluations and the goals of these evaluations. For this reason, continued treatment with [REDACTED] for purposes of medication for pain and inflammation is not medically necessary.