

Case Number:	CM14-0213504		
Date Assigned:	12/31/2014	Date of Injury:	02/24/1994
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 patient is a 55-year-old female who has submitted a claim for lumbar degenerative disc disease with failed back surgery syndrome, lumbar radiculopathy, depression, insomnia and cervical disc degenerative disease associated with an industrial injury date of 2/24/1994. Medical records from 2014 were reviewed. The patient complained of persistent low back pain rated 6/10 in severity. She was able to sit for 5 minutes, stand for 5 minutes and walk for 5 minutes. She was independent with her activities of daily living. Her blood pressure was 121/79 mmHg. She was tearful and labile but she was able to carry out a conversation without becoming upset. Treatment to date has included lumbar surgery, intrathecal trial of morphine, physical therapy, psychotherapy and medications such as Lexapro, Cymbalta, Fentanyl patch, oxycodone, gabapentin and Ambien. The utilization review from 12/4/2014 denied the request for comprehensive metabolic panel, CBC, liver function studies, thyroid function and hepatitis panel. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel, CBC, liver function studies, thyroid function and hepatitis panel: 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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Setting

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient is on current multiple medication regimen: Lexapro, Cymbalta, Fentanyl patch, oxycodone, gabapentin and Ambien. The present request for laboratory tests is to assess organ function. However, there is no further discussion concerning possible adverse effects from medications and present comorbid conditions that may signify the importance of multiple ancillary procedures. The medical necessity has not been established due to insufficient information. Therefore, the request for comprehensive metabolic panel, CBC, liver function studies, thyroid function and hepatitis panel is not medically necessary.