MAXIMUS Federal Services

Case Number:	CM14-0213872		
Date Assigned:	12/31/2014	Date of Injury:	04/09/2012
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 9, 2012. In a Utilization Review Reports dated December 12, 2014, the claims administrator denied laboratory testing to include BUN, creatinine, and hepatic function panel while approving a referral to a pain psychologist. The claims administrator did reference progress notes of August 7, 2014 and December 4, 2014 in which the applicant was described as using Cymbalta, Tylenol, and Vicodin. The claims administrator suggested that the applicant may have received an earlier approval for the renal and hepatic function testing at issue. The applicant's attorney subsequently appealed. In a progress note dated June 26, 2014, the applicant reported 5-7/10 neck pain. The applicant was given refills of Vicodin and extra strength Tylenol. Work restrictions were endorsed. It did not appear that the applicant was working with a rather proscriptive 20-pound lifting limitation in place, although this was not clearly reported. The applicant did have ancillary complaint of depression, it was acknowledged. On October 2, 2014, the applicant reported persistent complaints of neck pain, upper extremity paresthesias, anxiety, and depression. The applicant was using Vicodin, Cymbalta, Tylenol, and an unspecified cream for pain relief. A 25-pound lifting limitation was again endorsed. The applicant did not appear to be working with said limitations in place. On December 4, 2014, the applicant was given refill of Tylenol. A pain psychology consultation was again requested. In an appeal letter dated January 5, 2015, the attending provider reiterated his request for laboratory testing at issue, noting that

the applicant was on a variety of nephrotoxic and/or hepatotoxic medications and that he was considering introduction of a new medication, Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUN/Creatinine and Hepatic Function Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs include CBC, renal function testing, and hepatic function testing. Here, while the applicant was not using NSAIDs, the applicant is using a variety of other medications processed in the liver and kidneys, including Cymbalta, Vicodin, Tylenol, etc. Assessing the applicant's hematologic function, renal function, and hepatic function are needed to ensure that the applicant's current levels of renal and hepatic function are consistent with currently prescribed medications. Therefore, the request was medically necessary.