

Case Number:	CM15-0013817		
Date Assigned:	02/02/2015	Date of Injury:	08/14/2002
Decision Date:	03/18/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 injured worker is a 50-year-old male, who sustained an industrial injury on 8/14/2002. He has reported shoulder pain. The diagnoses have included rotator cuff tear, shoulder impingement, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, pain in the coccyx, and shoulder joint pain. Treatment to date has included physical therapy, medial branch blocks, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, and home exercise. Currently, the IW complains of significant increased low back pain radiating to right lower extremity. Physical examination from 1/7/2015 documented positive straight leg raise, hyperesthesia of left lower extremity in L5-S1 dermatome, and multiple trigger points along paraspinous muscles with significant decreased Range of Motion (ROM). Medication included Celebrex, Norco, Omeprazole, Prednisone, and valium. The plan of care included Magnetic Resonance Imaging (MRI), medication therapy, and laboratory evaluation. On 1/16/2015 Utilization Review non-certified a serum testing for liver and kidney function for chronic medication usage, noting the guidelines do not support any type of diagnostic testing outside of chronic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) use. The MTUS, ACOEM, and ODG Guidelines did not apply to the request; the CID Managements internal guidelines were consulted. On 1/23/2015, the injured worker submitted an application for IMR for review of serum testing for liver and kidney function for chronic medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum testing for liver and kidney function for chronic medication usage: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70. Decision based on Non-MTUS Citation <http://patients.gi.org/topics/medications-and-the-liver/>

Decision rationale: MTUS Guidelines discuss this issue under the subject of NSAID use. Other medical standards recommend limiting the amount of Acetaminophen if liver insufficiency is present. This individual is routinely taking close to 2 gms of Acetaminophen daily which could be problematic if liver or renal insufficiency was present or had developed. In addition, the physician is anticipating a new trial of Celebrex and he has been on other NSAIDs for some time. Under these circumstances, the requested liver and kidney function studies are medically reasonable.