

Case Number:	CM15-0176326		
Date Assigned:	09/17/2015	Date of Injury:	04/24/2012
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 22-year-old male who sustained an industrial injury on April 24, 2012. Diagnoses have included lumbar sprain or strain, lumbar discogenic syndrome, lumbosacral or thoracic neuritis or radiculitis, and myofascial pain. Documented treatment includes 4 sessions of physical therapy as of this date, home exercise, medications noted August 4, 2015 as Nucynta and Nortriptyline providing 10 - 20 percent pain relief. The injured worker continues to report low back pain radiating down his bilateral lower extremities with tingling, weakness, and limited range of motion. He requested evaluation of his kidney and liver function, which was performed August 4, 2015 in the office with results stated as being "within normal limits." The treating physician has requested approval for a retroactive Piccolo chem 6 lab denied August 14, 2015. There are no previous Piccolo tests or diagnoses related to kidney or liver in the provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Piccolo Chem 6 lab: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation

<http://www.abaxis.com/pdf/generalpercent20chemistrypercent206.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: The patient is a 22 year old male who injured his lumbar spine when he fell through a hole on 04/24/2012. He had lumbar radiculopathy. He has consulted neurosurgeons - one recommended surgery. He has chronic severe back pain that limits his ability to do activities of daily living. He has been treated with opiates, NSAIDS, muscle relaxants, APAP and gabapentin for months to years. There is no documentation that he ever had blood tests except the Piccolo chem 6 on 08/14/2015. The Piccolo chem 6 includes ALT, AST and GGT (liver function tests) and BUN and creatinine (renal tests) and glucose. He has been taking medications chronically that have the potential to cause both liver and renal disease and although the tests were normal, this testing was reasonable, consistent with standard of care and medically necessary. Although MTUS, Chronic Pain guidelines note that NSAIDS can at times cause GI, cardiovascular, liver and renal adverse effects and that opiates also cause adverse effects, there is no guideline about how often to monitor for these potential adverse effects. The previous reviewer noted that there were no physical signs of liver disease or renal disease and therefore the chem 6 was not medically necessary. I disagree, since physical findings of liver and renal disease are a very late sign. Again, there are no MTUS, ODG or ACOEM guidelines about monitoring for potential liver or renal adverse reactions in patients taking medication that has the potential to cause renal and liver adverse effects. Even the APAP in the opiate medications have been reduced because of the potential for liver disease. Taking one blood test to monitor for potential liver or renal adverse reactions is not excessive testing. Therefore the request is medically necessary.