

Case Number:	CM15-0177675		
Date Assigned:	09/18/2015	Date of Injury:	12/11/2007
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/09/2015

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 Jersey, New York
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 35-year-old male, who sustained an industrial injury on 12-11-07. The injured worker was diagnosed as having possible left inguinal hernia, L5-S1 spondylolisthesis, and status post discectomy and fusion at L5-S1 on 8-27-11. Treatment to date has included medication such as Norco. The treating physician noted, "I am following up on my request for a liver panel as there is concern that his liver enzymes may be elevated due to the use of Norco." Currently, the injured worker complains of low back pain. On 7-8-15, the treating physician requested authorization for a liver panel. On 8-24-15, the request was non-certified; the utilization review physician noted, "There is no documentation of any symptoms or physical findings of hepatic dysfunction."

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is considered not medically necessary. The patient has been on Norco, which includes acetaminophen. The patient is taking less than the maximum daily dose of acetaminophen. He is currently on a 6-week tapering dose and will not continue long-term on this medication. The patient does not have documented signs and symptoms of hepatic dysfunction. Therefore, the request for a liver panel is not medically necessary.