

Case Number:	CM15-0069130		
Date Assigned:	04/16/2015	Date of Injury:	02/06/2015
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 49 year old female, who sustained an industrial injury on 02/06/2015. She reported pain in upper left arm and shoulder extending up to the left side of her neck, as well as low back pain. On provider visit dated 02/27/2015 the injured worker has reported left shoulder and low back complaints. On examination of the cervical and lumbar spine there was a decreased range of motion. Left shoulder was noted to have decreased tenderness to palpation, decreased range of motion and pain noted as well. The diagnoses have included lumbar radiculopathy and cervical radiculopathy. Treatment to date has included x-rays and medication. The provider requested retrospective request labs (medical panel).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request labs (medical panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8952255>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug-induced liver injury by Anne Larsen, MD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic L shoulder and low back pain. The patient had a work-related injury dated 02/06/2015. The medical diagnoses include both cervical and lumbar radiculopathies. The medications received include nabumetone and gabapentin. Nabumetone is an NSAID and gabapentin is an anti-epileptic drug AED. The documentation does not make clear when the previous lab tests were ordered, nor are there any of those results. The medical history in the documentation does not mention a prior history of liver or kidney disease. There are a number of clinical settings where testing either kidney or kidney blood tests are medically indicated, such as in a patient with known chronic kidney disease (CKD) or patients with impaired liver function, such as alcoholics. Based on the documentation, "labs" are not medically indicated.