

Case Number:	CM15-0090087		
Date Assigned:	05/14/2015	Date of Injury:	07/13/2012
Decision Date:	06/23/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 65-year-old male, who sustained an industrial injury on 7/13/2012. He reported and of the neck, head, thoracic and lumbar spines, and bilateral shoulders. The injured worker was diagnosed as having chronic neck pain with underlying moderate degenerative disc disease and stenosis, right and left shoulder pain, chronic mid back pain with diffuse degenerative disc disease, chronic low back pain with disc protrusion, headaches, depression, anxiety, and difficulty sleeping. Treatment to date has included medications. The request is for hepatic function panel, complete blood count, and basic metabolic panel (Chem 8). On 4/13/2015, he was seen for follow-up regarding injury of the head, neck, thoracic and lumbar spines, and bilateral shoulders. He reported a pain level of 7/10. He indicated he is taking large volumes of Tylenol to control his pain and discomfort. Another provider is reported to have recommended an epidural injection and he has agreed to the intervention. The treatment plan included corticosteroid injections of the neck and, laboratory evaluations due to the large volume of Tylenol as well as other NSAIDs being utilized, Remeron, and clinical psychologist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepatic function panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/liver-panel/tab/test>, Official Disability Guidelines, Pain Chapter.

Decision rationale: According to labtestsonline.org, a liver panel may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. As noted by ODG, adverse effects for acetaminophen includes hepatotoxicity. As noted in ODG, acetaminophen overdose is a well-known cause of acute liver failure. In this case, the injured worker has been utilizing large volume of acetaminophen, which would support hepatic function evaluation. The request for hepatic function panel is medically necessary and appropriate.

Complete blood count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>, <http://www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=15496>.

Decision rationale: According to nlm.nih.gov, patients on long-term treatment with NSAIDs, should have their CBC and a chemistry profile checked periodically. In this case, the injured worker is being prescribed non-steroidal anti-inflammatory medications, which would support the request for complete blood count. The request for Complete blood count is medically necessary and appropriate.

Basic metabolic panel (Chem 8): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/bmp/tab/test><http://www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=15496>.

Decision rationale: According to labtestsonline.org, the basic metabolic panel (BMP) is used to check the status of a person's kidneys and their electrolyte and acid/base balance, as well as their blood glucose level. According to nlm.nih.gov, patients on long-term treatment with NSAIDs, should have their CBC and a chemistry profile checked periodically. The request for Basic metabolic panel (Chem 8) is medically necessary and appropriate.

