

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0154246 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 08/26/1988 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male who reported an injury on 08/26/1988 after lifting a large box weighing over 50 pounds. The injured worker reportedly sustained an injury to his low back and bilateral knees. The injured worker was most recently treated with sacroiliac joint injections that provided significant relief and functional increases. The injured worker was evaluated on 08/20/2014. It was documented that the injured worker had continued low back pain that radiated into the bilateral lower extremities. Pain was reported to be 9/10 to 10/10. The injured worker's medications included MSContin 30 mg, 3 times a day; Robaxin 750 mg, up to 4 times a day; Percocet 10/325 mg, daily; Topamax 50 mg, twice a day; and Prilosec 20 mg, as needed. The injured worker's diagnoses included sacroiliitis bilaterally, lumbar radiculopathy, chronic low back pain, status post lumbar laminectomy, status post cervical fusion, status post lumbar fusion, medication induced gastritis, status post removal of a bone growth stimulator, history of substance abuse, and status post anterior cervical decompression fusion at C4-5. The injured worker's treatment plan included continued medications, an additional sacroiliac joint injection, and a hepatic and renal function panel to evaluate kidney and liver function and maximize medication usage safety. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepatic functional panel qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov, MedlinePlus laboratory tests

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested Hepatic functional panel QTY: 1.00 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends hepatic and renal function tests for patients who are administered nonsteroidal anti-inflammatory drugs for long term use. The clinical documentation submitted for review does not provide any evidence that the injured worker is currently prescribed any type of nonsteroidal anti-inflammatory drug. Therefore, the need for a hepatic functional panel would not be supported by guideline recommendations. Furthermore, the clinical documentation does not provide any evidence of previous testing or the results of those tests. Therefore, the need for additional testing would not be supported. As such, the requested Hepatic functional panel QTY: 1.00 is not medically necessary or appropriate.

Renal function test qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov, MedlinePlus laboratory tests

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested renal functional test QTY: 1.00 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends hepatic and renal function tests for patients who are administered nonsteroidal anti-inflammatory drugs for long term use. The clinical documentation submitted for review does not provide any evidence that the injured worker is currently prescribed any type of nonsteroidal anti-inflammatory drug. Therefore, the need for a hepatic functional panel would not be supported by guideline recommendations. Furthermore, the clinical documentation does not provide any evidence of previous testing or the results of those tests. Therefore, the need for additional testing would not be supported. As such, the requested renal functional test QTY: 1.00 is not medically necessary or appropriate.