

Case Number:	CM13-0043465		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2000
Decision Date:	07/29/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 10/24/2000. He was diagnosed with bilateral knee joint degeneration, GERD, IBS, chronic pain, chronic headaches, anxiety, depression, erectile dysfunction, dyslipidemia, dry mouth, and diabetes mellitus type 2. He was treated with oral medications, topical analgesics, steroid injections (knees), Supartz injections (knees), surgery (right knee), TENS unit, and physical therapy. The worker was seen by his primary treating physician on 8/20/13 when he reported only transient relief from the knee injections and continued heartburn, neck and back pain. No new complaints were discussed, according to the note. A request for ranitidine, "complete lab", PSA, and testosterone testing was then made on 10/3/13, without explanation.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPLETE LAB TESTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: The MTUS ACOEM Guidelines state that special studies are not needed typically with knee injuries. It is unclear as to why blood testing was required for this worker, and it is also unclear as to which testing ("complete labs") was requested to be reviewed for medical necessity. No evidence was found in the notes provided for review suggesting that any tests would be medically necessary and without clarification on specifically which test and the reasoning for testing, the lab studies are not medically necessary.

Testosterone and PSA: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: The MTUS ACOEM Guidelines state that special studies are not needed typically with knee injuries. It is unclear as to why blood testing was required for this worker, and it is also unclear as to which testing ("complete labs") was requested to be reviewed for medical necessity. No evidence was found in the notes provided for review suggesting that any tests would be medically necessary and without clarification on specifically which test and the reasoning for testing, the complete labs, testosterone, and PSA tests are not medically necessary.

RANITIDINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton-pump inhibitor (PPI), or an H2-blocker such as ranitidine, in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he had been taking a PPI in the past for his symptomatic reflux disease. He was not at high risk for a gastrointestinal event based on the documents available for review. The use of these medications for symptomatic relief only is not medically necessary. First line treatment for reflux is lifestyle changes including dietary modification and weight loss. These medications come with side effects that are unnecessary, when used daily, as was prescribed for this worker. Also, it is unclear as to the dose, frequency or quantity requested. Assuming it was for daily use, the ranitidine is not medically necessary.