MAXIMUS Federal Services

Case Number:	CM13-0043904		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2011
Decision Date:	02/27/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 physician 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 54-year-old female with a date of injury of 04/14/2011. A Qualified Medical Examination report dated 08/02/2012 identified the mechanism of injury was a fall. [redacted] progress reports dated 06/04/2013, 07/31/2013, 09/25/2013, and 11/20/2013 stated the worker's complaints were centered on left knee and sometimes left ankle pain. These reports described examination findings consistent with these complaints. According to the reports reviewed, the worker has been treated with physical therapy; knee supports; a cane; and with medications to reduce inflammation (a non-selective nonsteroidal anti-inflammatory drug (NSAID)), to protect the upper gastrointestinal system (a proton pump inhibitor), and opioid pain relievers. The proton pump inhibitor was added when the worker described symptoms of stomach upset after the NSAID was started. Laboratory reports of blood tests obtained for monitoring and dated 07/31/2013 and 09/25/2013 were reviewed and demonstrated no significant abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part I Introduction, NSAIDs, Opioids. Page(s): 36-44, 101-107, 108-118, 125, and 127-128. Decision based on Non-MTUS Citation ePocrates version 14.1, tramadol package insert.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that it is important to have a thorough understanding of the medications used in treatment, including potential side effects and metabolism. Both naproxen and tramadol, two medications included in the worker's treatment regimen, are extensively metabolized, or broken down, in the liver. In addition, the kidneys play an important role in removing both drugs and their breakdown products from the body. Decreased liver and/or kidney function can affect the levels of these drugs and their breakdown products in the blood stream. Both of these drugs can also cause decreased kidney and/or liver function as negative side effects. Periodic monitoring using the blood tests in a comprehensive metabolic panel is appropriate, especially when a patient is using either of these medications long-term. However, the worker had these blood tests checked less than two months prior when the results were generally normal. While there was an insignificant elevation in the ALT at that time, there was no documentation in the report dated 09/25/2013. There also was no documentation of new symptoms or examination findings suggesting a change requiring repeat testing at that time. In the absence of any such documentation, this request for a comprehensive metabolic panel is not medically necessary at this time.

Complete blood count panel (CBC) with cell differential: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part I Introduction, NSAIDs, Opioids. Page(s): 36-44, 101-107, 108-118, 125, and 127-128. Decision based on Non-MTUS Citation ePocrates version 14.1, tramadol package insert.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that it is important to have a thorough understanding of the medications used in treatment, including potential negative side effects. Naproxen can cause potentially harmful lowering of the different components of blood and/or bleeding from the upper gastrointestinal track. Periodic monitoring using the blood tests in a complete blood count panel with cell differential is appropriate, especially when a patient is using this medication long-term. However, the worker had these blood tests checked less than two months prior when the results were generally normal. There was no documentation of new symptoms or examination findings suggesting a change requiring repeat testing at that time. In the absence of any such documentation, this request for a complete blood count panel with cell differential is not medically necessary at this time.