

Case Number:	CM13-0051337		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2013
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 patient is a 43-year-old female who reported an injury on 05/17/2013. The mechanism of injury was not provided. The patient was noted to have previously been in the hospital as of the date of 09/19/2013 and it was indicated the patient's liver enzymes were slightly up. The patient was noted to deny abdominal pain including right upper quadrant pain. The patient was noted to have incontinence of bowel and urine at times. The patient was noted to be negative for jaundice of the eyes or skin and the skin was noted to be a normal pink color. The patient's diagnosis was noted to be central canal stenosis with disc herniation, spinal stenosis at L3-4, and small disc protrusion at L4-5. The request was made for a CBC, a renal panel, a follow-up visit in 2 to 3 weeks, and a sample for tram cap-c cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Renal Panel: 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 Page(s): 70.

Decision rationale: California MTUS guidelines indicate that per Package inserts for NSAIDs it is recommended to perform periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review indicated the patient had a Hemoglobin of 15.1, a Hematocrit of 43.3, platelets of 262, Sodium 140, WBC of 7.3, Chloride of 113, a Bicarb of 24, total protein of 7.2, albumin of 4.3, total bilirubin of 1.4, BUN of 9 and a creatinine of 0.66. The testing was noted to be performed on 08/01/2013. There was a lack of documentation of rationale for a second renal panel. Given the above, the request for 1 renal panel is not medically necessary.

One CBC: 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 Page(s): 70.

Decision rationale: California MTUS guidelines indicate that per Package inserts for NSAIDs it is recommended to perform periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review indicated the patient had a Hemoglobin of 15.1, a Hematocrit of 43.3, platelets of 262, Sodium 140, WBC of 7.3, Chloride of 113, a Bicarb of 24, total protein of 7.2, albumin of 4.3, total bilirubin of 1.4, BUN of 9 and a creatinine of 0.66. The testing was noted to be performed on 08/01/2013. There was lack of documentation indicating the rationale for the requested service. Given the above, the request for 1 CBC was not medically necessary.

One Follow-up visit in 2-3 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Office Visits.

Decision rationale: Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the patient had 20% of normal range in the lumbar back limited to pain. The patient's extension was noted to be deferred as the patient was unable to extend and remained upright in the 10% flexed position. Given the above, the request for 1 follow-up visit in 2 to 3 weeks is medically necessary.

Tram Cap-C Cream:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Tramadol, Capsaicin Topical Page(s): 111,82,93-94,28.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to provide documentation the patient had neuropathic pain. Additionally, it failed to provide that had trialed antidepressants and anticonvulsants and had failed treatment. The request as submitted failed to indicate the quantity of cream being requested. Given the above, 1 sample for tram cap-c cream is not medically necessary.