

Case Number:	CM13-0056285		
Date Assigned:	12/30/2013	Date of Injury:	06/30/2007
Decision Date:	03/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine 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 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 applicant has filed a claim for knee pain reportedly associated with an industrial injury of June 30, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of November 8, 2013, the claims administrator approved a request for Amitriptyline while denying a request for renal and hepatic function testing. The applicant's attorney subsequently appealed. A recent progress note of October 10, 2013 is notable for comments that the applicant reports persistent 7/10 knee pain. The applicant is having difficulty with walking. She is on oral ketoprofen, Elavil, Prilosec, and Terocin. The applicant is using a cane to move about. She is asked to consider Synvisc injections. Several medications, including oral ketoprofen, an NSAID, are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs to monitor liver and kidney function: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs specific drug list and adverse effects topic Page(s): 70.

Decision rationale: The applicant is using oral ketoprofen, a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Guidelines indicate that routine suggested monitoring for those applicants using NSAIDs include periodic testing of the complete blood count (CBC) and chemistry profile, including renal and hepatic function testing. In this case, the applicant is 52-years-old. Since the applicant is using NSAIDs chronically, coupled with her age, she meets the criteria for intermittent renal and hepatic function testing. The request is certified, on independent medical review.