MAXIMUS Federal Services

Case Number:	CM13-0063343		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2013
Decision Date:	07/25/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 51 year old male who was injured on 03/19/2013. He reported lifting lumber which he noted weighed approximately 100 pounds. He was setting down a piece when it pulled his right upper extremity. Prior treatment history has included physiotherapy. Lab work dated 10/04/2013 revealed BUN 18; Creatinine 0.80; Total Bilirubin 0.5; Alkaline phosphatase 110; AST 29; ALT 36. Diagnostic studies reviewed include MRI of the right elbow performed on 10/26/2013 which revealed common extensor greater than common flexor tendon origin tendinosis; common extensor tendon origin partial tear; minimal degenerative change without acute osseous or ligamentous abnormality; and cystic change was seen about the radial head, suggestive bursitis. MRI of the right wrist from Vital Imaging, performed on 10/26/2013 revealed distal radial ulnar degenerative change with probable TFCC tear near the radial attachment and with lunate edema and cystic change may be seen with bone marrow trabecular injury versus component of avascular necrosis with intercarpal effusion and synovitis; MRI features did raise question for carpal tunnel syndrome; and degenerative change first carpal metacarpal and metacarpal phalangeal joints. PR2 dated 11/01/2013 indicated the patient presented for follow-up of his right shoulder, right elbow, and right wrist symptoms. He was declaring pain on a 4-5/10 pain level. The patient was continuing physiotherapy. Objective findings on exam revealed range of motion to exhibit flexion to 160; abduction to 140; internal rotation to 70; external rotation to 70; adduction and extension to 40. His incision site was clean, dry, and intact with no sign of infection. He had 5/5 strength in all quadrants. The right elbow revealed on exam, range of motion exhibited flexion and extension to 140; pronation and Supination to 80. He was tender to palpation over the medial epicondyle. He was nontender over the lateral epicondyle. There was no sign of infection. He had negative Tinel's over the cubital tunnel and there was no valgus instability. Right wrist exam revealed range of motion

exhibited flexion to 60; extension to 50; radial deviation to 10; ulnar deviation to 30. There was tenderness to palpation over the flexor tendons. He had negative Finkelstein's; negative Tinel's; negative Phalen's; and negative carpal compression test. His grip strength was 5/5. There was no sign of infection and he had full range of motion of all MCP and IP joint. He had no triggering of any fingers or thumb. The patient was diagnosed with status post right shoulder scope, right elbow medial epicondylitis; and right flexor tenosynovitis. The patient was instructed to continue physiotherapy. A request for authorization to dispense Hydrocodone was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MEDICATION PANEL TO EVALUATE HEPATIC AND RENAL FUNCTION: 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, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Comprehensive Metabolic Panelhttp://www.emedicinehealth.com/comprehensive_metabolic_panel-health/article_em.htm.

Decision rationale: According to the California MTUS guidelines, package inserts for NSAIDs recommend periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests) which was done in October 2013 with normal results except a slightly elevated AST (liver function). According to the references, a comprehensive metabolic panel is a blood test that measures the sugar (glucose) level, electrolyte and fluid balance, kidney function, and liver function. These lab tests may be ordered as part of regular health examination, to assess a medical condition, such as hypertension or diabetes, or monitor patients on certain medications for possible liver or kidney related side-effects. The medical records reviewed do not disclose or indicate the injured worker has been maintained on long-term or high dose NSAID therapy or other medication of which notable liver and/or kidney toxicity exists. The medical records do not document any current clinically relevant abnormal findings or medical history that would medically necessitate lab testing. In addition, there is no indication of any other potentially significant medical condition. In the absence of clarity regarding those issues, the currently requested outpatient medication panel to evaluate hepatic and renal function is not medically necessary.