

Case Number:	CM13-0065285		
Date Assigned:	01/03/2014	Date of Injury:	11/03/2010
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old female who reported an injury on 11/03/2010. The mechanism of injury was a slip and fall over a plastic mat. There was no clinical information submitted to support the request. The request was made for a medication panel to evaluation renal function.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION PANEL TO EVALUATE RENAL FUNCTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST AND ADVERSE EFFECTS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS Page(s): 70.

Decision rationale: The Chronic Pain Guidelines indicate that the package inserts for non-steroidal anti-inflammatory drugs (NSAIDs) recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within four to eight (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 failed to provide a DWC Form

RFA (request for authorization) or a PR-2 (progress report) with a documented rationale of the need for the requested service. The request as submitted failed to indicate what was included in the medication panel. Given the above, the request for a medication panel to evaluation renal function is not medically necessary.