MAXIMUS Federal Services

Case Number:	CM14-0012659		
Date Assigned:	02/21/2014	Date of Injury:	11/25/2010
Decision Date:	07/02/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine & Rehabilitation; has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 43-year-old female who reported an injury on November 25, 2010. The mechanism of injury was not provided. The clinical note dated August 14, 2013 noted the injured worker presented with pain and swelling to the right knee, pain in the left calf, and tenderness to the knee. Upon exam of the right knee, there was persistent effusion with medial and patellofemoral tenderness increased with flexion beyond 95 degrees. The injured worker noted that she continued to have guaiac positive stools indicating she had ongoing bleeding. Previous treatment included a course of NSAIDs, which was discontinued. The diagnoses were recurrent tear of cartilage or meniscus of knee not elsewhere classified, chondromalacia, chondromalacia patella, meniscal tear medial, carpal tunnel syndrome, cervical sprain/strain, sprains and strains of the thoracic, compensatory left knee pain, and persistent GI bleeding, etiology undetermined, pending further decision making from doctor. The provider recommended a metabolic panel, a lipid panel, a gamma-glutamyl transferase, a hepatic panel, Zantac, Amitiza, and Dexilant; the provider's rationale was not included. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A COMPREHENSIVE METABOLIC PANEL: 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, specific drug list and adverse effects Page(s): 70.

Decision rationale: The request for a comprehensive metabolic panel is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of the chemistry profile including liver and renal function tests. The guidelines recommend 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. However, routine blood pressure monitoring is recommended. The included documentation includes reports that the injured worker's has stopped taking NSAIDs since at least August 14, 2013. The request far exceeds the recommended 4 to 8 week time period that the guidelines recommend after starting therapy. The documentation does not address when the laboratory monitoring was last performed. As such, the request is not medically necessary.

A LIPID PANEL: 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, specific drug list and adverse effects Page(s): 70.

Decision rationale: The request for a lipid panel is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of the chemistry profile including liver and renal function tests. The guidelines recommend transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. However, routine blood pressure monitoring is recommended. The included documentation includes reports that the injured worker's has stopped taking NSAIDs since at least August 14, 2013. The request far exceeds the recommended 4 to 8 week time period that the guidelines recommend after starting therapy. The documentation does not address when the laboratory monitoring was last performed. As such, the request is not medically necessary.

GAMMA-GLUTAMYLTRANSFERASE (GGT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAID's, specific drug list and adverse effects Page(s): 70.

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

Decision rationale: The request for gamma-glutamyl transferase (GGT) is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of the chemistry profile including liver and renal function tests. The guidelines recommend 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. However, routine blood pressure

monitoring is recommended. The included documentation includes reports that the injured worker's has stopped taking NSAIDs since at least August 14, 2013. The request far exceeds the recommended 4 to 8 week time period that the guidelines recommend after starting therapy. The documentation does not address when the laboratory monitoring was last performed. As such, the request is not medically necessary.

A HEPATIC PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, specific drug list and adverse effects Page(s): 70.

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

Decision rationale: The request a hepatic panel is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of the chemistry profile including liver and renal function tests. The guidelines recommend 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. However, routine blood pressure monitoring is recommended. The included documentation includes reports that the injured worker's has stopped taking NSAIDs since at least August 14, 2013. The request far exceeds the recommended 4 to 8 week time period that the guidelines recommend after starting therapy. The documentation does not address when the laboratory monitoring was last performed. As such, the request is not medically necessary.

ZANTAC 300MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Zantac is not medically necessary. The California MTUS recommends Zantac for treatment of dyspepsia secondary to NSAID therapy. The guidelines recommend that clinicians utilize the following the criteria to determine if the injured worker is at risk for gastrointestinal events to include (1) age greater than 65, (2) history of peptic ulcer, gastrointestinal bleeding or perforation, (3) concurrent use of ASA, corticosteroids, and/or anticoagulants, (4) high dose multiple NSAIDs. The medical documents did not indicate the injured worker had gastrointestinal symptoms. It was not noted if the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. In addition, clinical information did not indicate the injured worker is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

AMITIZA 24MCG. QTY: 60.00: Upheld

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 RXList, an online database: www.rxlist.com.

Decision rationale: The request for Amitza is not medically necessary. The California MTUS ACOEM, and Official Disability Guidelines do not specifically address Amitza. According to RxList, Amitza is indicated for the treatment of irritible bowel syndrome with constipation in women greater than or equal to 18 years old. For injured workers with moderately impaired hepatic function, the recommended starting dose is 16mcg twice daily. For injured workers with severely impaired hepatic function, the recommended starting dose is 8 mcg twice daily. There was a lack of significant objective examination findings to support possible pathologies that would warrant the need for Amitza. The provider's request for Amitza 24mcg exceeds the recommended dosing for Amitza. As such, the request is not medically necessary.

DEXILANT 60MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for Dexilant is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events to include (1) age greater than 65 years old, (2) history of peptic ulcer, gastrointestinal bleeding or perforation, (3) concurrent use of ASA, corticosteroids, and/or anticoagulants, (4) high dose multiple NSAIDs. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, gastrointestinal bleeding, or perforation. In addition, the documentation provided failed to indicate that the injured worker is at risk for gastrointestinal events. As such, the request is not medically necessary.