

Case Number:	CM14-0123245		
Date Assigned:	08/08/2014	Date of Injury:	11/12/2009
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 38 year-old male was reportedly injured on 11/12/2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 6/11/2014, indicates that there are ongoing complaints of low back and left knee pain. Physical examination demonstrated mild diffuse left knee tenderness; hyperesthesia lateral to the incision; normal knee range of motion with no instability; neurovascular intact; mild diffuse tenderness at the lumbosacral junction and thoracic interscapular region with minimal spasm; lumbar spine range of motion limited with pain; thoracic range of motion is full with discomfort at limits. No recent imaging studies available for review. Current diagnosis includes; left knee chondromalacia patella status post medial meniscectomy and patellar repair; recurrent lumbago. Previous treatment includes knee surgery and pain management with Norco. A request had been made for LABS: BUN/Creatinine and LFTs which were not certified in the utilization review on 7/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 labs: BUN/creatinine and LFTs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) and NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC - ODG Treatment / Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - Acetaminophen (updated 6/10/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address routine laboratory testing for kidney or liver function. ODG does not directly address routine testing; however, supports labs for acetaminophen overdose and hepatotoxicity. A warning is given on all acetaminophen products that patients who consume greater than 3 alcoholic drinks a day are at high risk and should discuss this further with their physician. Renal toxicity and insufficiency occurs in 1 - 2% of patients with acetaminophen overdose. Medical records indicate that the claimant is taking Norco as prescribed, drinks alcohol occasionally, and does not have any pre-existing and/or medical conditions that would warrant the requested laboratory testing. Therefore, this request is not considered medically necessary.