

Case Number:	CM14-0153321		
Date Assigned:	09/23/2014	Date of Injury:	04/19/2013
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 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:

This is a 51-year-old male with a 4/19/13 date of injury, when he slipped and twisted his knee. The patient was seen on 8/27/14 with complaints of pain and instability of the knee, despite the use of the brace. The patient did not have known gastrointestinal, cardiac or renal problems or any other serious illnesses. The diagnosis is status post left arthroscopic meniscectomy and anterior cruciate ligament tear. Treatment to date: work restrictions, physical therapy and medications. An adverse determination was received on 9/5/14 given that the Guidelines do not recommend baseline testing for patients with no known risk factors prior to starting medication and there was no support for baseline examinations in otherwise normal patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline renal Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

Decision rationale: CA MTUS states that package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has

been a recommendation to measure 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. Routine blood pressure monitoring is recommended. There is a lack of documentation indicating that the patient suffered from kidney disease and it is not clear for how long he was using NSAIDs. In addition, there is no rationale with regards to the need for a baseline renal panel and it is not clear why the provider requested that test. Therefore, the request for baseline renal panel was not medically necessary.