MAXIMUS Federal Services

Case Number:	CM14-0040315		
Date Assigned:	06/27/2014	Date of Injury:	09/19/2008
Decision Date:	10/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in Pain 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:

The injured worker is a 48 year-old male with a date of injury of 9/19/2008. The patient's industrially related diagnoses include cervical strain and sprain. The patient has been using heat, ice, and TENs unit for pain regularly, as well as taking oral medications including Norco, Naproxen, Oxycodone, and Lidoderm patches. The patient was noted to not have tried physical therapy yet for his pain. The patient had a prior cervical epidural steroid injection on 12/3/2013, which only offered 2 days of relief. The disputed issue is the complete metabolic panel due to chronic medications. A utilization review determination on 1/28/2014 had noncertified this request. The stated rationale for the denial was insufficient evidence provided with limited patient records indicating the need for this routine monitoring test.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP Labs due to Chronic Med: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs, Specific Drug List, and Ad.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: NIH/Medline plus Online, Comprehensive Metabolic Panel

Decision rationale: The California Medical Treatment and Utilization Schedule do not specifically address the timing of laboratory testing for chronic pain medication usage. The injured worker is documented to be taking ibuprofen, Norco, Lidoderm, Lyrica, and Docusate. This is noted in a progress note on May 20, 2014. Previous notes indicate the patient was on OxyContin. A comprehensive metabolic panel that was obtained on February 11, 2014 is available for review. At the time of the utilization review determination, which was in January 2014, the utilization reviewer stated that it was not certain if the patient was documented to be on Norco or not. With all the new and updated progress notes available, this request is medically necessary. The comprehensive metabolic panel includes testing of renal function, liver function, and electrolytes. Renal function monitoring is important for dose adjustments of medications such as Lyrica. The Acetaminophen component of Norco can cause elevation in liver enzymes and therefore the liver function tests are necessary periodically. Furthermore, the use of Ibuprofen in the long term should be monitored with test of renal function as well. This request is medically necessary.