MAXIMUS Federal Services

Case Number:	CM14-0082490		
Date Assigned:	07/21/2014	Date of Injury:	01/23/1999
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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:

The patient is a 65-year-old male who has submitted a claim for supraspinatus muscle sprain, rotator cuff syndrome, knee joint replacement, and irritable bowel syndrome associated with an industrial injury date of January 23, 1999. Medical records from August 26, 2013 up to July 15, 2014 were reviewed showing increasing right patellar pain. He said that Pennsaid was very effective and only with the said medication can he sleep through the night. Patient was also diagnosed with stage II-III renal insufficiency. The only documented creatinine level was at 1.27 tested on January 28, 2014. Patient denied abdominal pain. Physical examination of the abdomen revealed increased bowel sounds but with no hepatosplenomegaly, mass, tenderness, or other abnormalities. Treatment to date has included chiropractic care, Pennsaid, Coreg, Diazepam, Esomeprazole, Fexofenadine, Fluticasone, Levitra, Metformin, Mexilitene, Proventil, Quinidine, and Vitamin D. Utilization review from May 19, 2014 denied the request for comprehensive metabolic panel including liver and kidney function. The MTUS recommend periodic lab monitoring for patients taking long-term NSAIDs to assess for the presence of side effects. There is currently insufficient documentation indicating that the patient is being prescribed oral NSAIDs or opiates with acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel including liver and kidney function: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment, Labs, NSAIDS Page(s): 23, 64.

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; Laboratory; Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, pages 331-333 (http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full).

Decision rationale: The MTUS does not specifically address this topic. Guidelines state that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. In this case, the patient has multiple maintenance medications which include Diazepam, Fexofenadine, Fluticasone, Metformin, Mexiletine, Quinitidine, and Pennsaid topical solution. Patient is a known case of stage III renal disease secondary to chronic intake of medications. The most recent serum creatinine was moderately elevated at 1.27 mg/dL. Periodic laboratory monitoring is warranted in order to monitor proper metabolism and excretion of the medications. Therefore, the request for comprehensive metabolic panel including liver and kidney function is medically necessary.