

Case Number:	CM14-0083994		
Date Assigned:	07/21/2014	Date of Injury:	08/30/2004
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 Family 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 71-year old man fell from a 4-foot height on 8/30/04 and there is no further information available regarding the mechanism of his injury. His current medical problems are listed by his primary provider as low back pain, constipation and spinal stenosis. Treatment has included opioid medication, muscle relaxants and laxatives. He is allergic to non-steroidal anti-inflammatory drugs (NSAID's) and there is no record of such medication being prescribed to him. The record contains multiple notes from his primary provider which appear to be in part auto-generated as the presenting complaints and history are nearly always identical. A relatively extensive review of systems is always included which always states that he has no significant cardiovascular symptoms and often states that he has no gastrointestinal symptoms despite presenting complaints of constipation. Documentation of any physical exam is usually minimal. Percocet is prescribed at every visit, and patient's work status is always listed as totally disabled. A request for a lipid panel and a comprehensive metabolic panel was made on 4/14/14. The accompanying note does not give any rationale for ordering these tests, though it does state that he should discontinue his Pravastatin after the testing is done. These requests were denied in UR on 5/28/14 on the grounds that there was no evidence that the patient has risk factors for gastrointestinal or cardiovascular conditions. The review states that the patient's GFR (a measure of kidney function) is 93.02, but I am unable to find this result in the available records. There is documentation of a GFR of 64.3 in the provider's progress note of 6/13/14. As far as I am able to determine, he made no changes in medications or dosing due to concerns about a falling GFR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipid panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There are no clinical notes documenting the reason for ordering a lipid panel. A lipid panel might be appropriate for monitoring Pravastatin (which appears to be prescribed by the provider on a non-industrial basis) but he advised the patient to stop the Pravastatin before the results became available, which would argue that Pravastatin monitoring was not the reason for ordering the tests. Since the reason for ordering the panel is not documented, it is not possible to cite evidence for the decision. It would be possible to guess at other reasons the panel was ordered in addition to statin monitoring, and cite all of the applicable evidence, but it would be impractical. Based on the lack of any documentation as to why it was ordered the request is not medically necessary.

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines /NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: Per the MTUS guideline cited above, NSAIDs should be used with caution in patients with moderate hepatic impairment and are not recommended for patients with severe hepatic impairment NSAIDs may compromise renal function. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and a 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. This patient is not taking an NSAID, so none of the above considerations apply. The primary provider has provided no rationale for ordering a comprehensive metabolic panel. The only laboratory values cited in the record are two serial GFRs, which appear to be suggestive of decreasing renal function. However, it is not clear how the GFRs were measured or calculated which leaves considerable room for error. The provider appears to have made no medication changes after receiving these results. In the absence of any documentation for the reasons this testing was ordered medical necessity cannot be determined. A comprehensive metabolic is not medically necessary based on lack of documentation.