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| Case Number: | CM14-0137964 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 06/10/2014 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 North Carolina. 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 56-year-old with a reported date of injury of 06/10/2014. The patient has the diagnoses of left knee medial meniscal tear, left knee prepatellar bursitis, right knee pain, bilateral knee osteoarthritis and right knee medial meniscal tear. Per the most recent progress notes provided for review from the primary treating physician dated 11/05/2014, the patient had complaints of continued bilateral knee pain with no improvement since last office visit. The patient underwent bilateral cortisone shot injection to the knee on 09/23/2014 with no relief of pain. Previous treatment modalities have also included chiropractic care. The physical exam noted tenderness to palpation at the patella and patellar tendon on the right knee with painful range of motion with a positive patellar grind and apprehension test. The left knee noted an identical exam. Previous x-ray report dated 09/23/2014 showed mild bilateral medial compartment degenerative joint disease. MRI report dated 05/23/2014 showed a complex medial meniscal tear in the left knee and the right knee had a posterior horn to body undersurface medial meniscal tear. The treatment plan recommendations included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs- liver and kidney function studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Acetaminophen Page(s): 11.

Decision rationale: Per the progress notes provided for review, the patient is on the following medications: Gabapentin, omeprazole and hydrocodone with acetaminophen. Per the California chronic pain medical treatment guidelines section on acetaminophen and hepatotoxicity: Adverse effects: Hepatotoxicity: Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. (Hunt, 2007) A warning is given on all acetaminophen products those patients that consume 3 alcoholic drinks a day should discuss use with their physician, although a systematic review of acetaminophen use in alcoholic subjects concluded that there was little credible evidence to implicate therapeutic doses as a cause of fulminant hepatotoxicity in alcoholics. (Dart, 2007) Recent RCTs found that short-term treatment (3-5 days) of acetaminophen in newly abstinent alcoholic patients did not cause hepatic injury. (Kuffner, 2007) (Bartels, 2008) Acetaminophen, when used at recommended maximum doses, may induce ALT elevations in up to nearly 40% of subjects. Renal toxicity: Renal insufficiency occurs in 1 to 2% of patients with overdose. (Mazer, 2008) Hypertension and cardiovascular risk: Cohort analysis reveals that acetaminophen use is associated with hypertension but evidence from randomized controlled trials is limited. This risk is similar to that found for NSAIDs. (Forman, 2007) (Montgomery, 2008) An increased cardiovascular risk was found in the Nurse's Health Study. (Chan, 2006) (Laine, 2007) (Laine, 2008) There is no indication from the provided progress notes that the patient is on the maximum dose of acetaminophen. There is also no indication that the patient is an alcoholic or drinks excessively. The need for routine liver function testing therefore has not been established. The progress notes also do not note any medications that would place the patient at renal risk or any pre-existing kidney dysfunction/disease. Therefore the need for kidney function studies have not been established either. Therefore the request is not medically necessary.