

Case Number:	CM14-0195952		
Date Assigned:	12/03/2014	Date of Injury:	10/09/2013
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/23/2014

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 Practice and is licensed to practice in Ohio. 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 53-year-old male with a date of injury of October 9, 2013. He complains primarily of low back pain radiating to the right lower extremity but he also has complaints of upper back pain and neck pain as well. The diagnoses include lumbar facet disease, multilevel foraminal narrowing of the lumbar region, lumbar neuritis, and sprains of the cervical, thoracic, and lumbar spine. The physical exam reveals diminished cervical and lumbar range of motion with spasm and muscular edema noted in the cervical, thoracic, and lumbar regions. There is diminished sensation of the right anterior thigh and the right lower, lateral leg and plantar aspect of the right foot. The injured worker had been taking hydrocodone, gabapentin, Norflex, tramadol, and the anti-inflammatory naproxen. On 7-10-2014 a comprehensive metabolic profile demonstrated normal liver and kidney function. At issue is a request for additional comprehensive metabolic profiles x3 over 6 months. The specific rationale for this request is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP (Complete Metabolic Panel) 3 times per 6 months randomly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70 of 127. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011; <http://www.rxlist.com/naprosyn-drug/warnings-precautions.htm>

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

Decision rationale: All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: 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. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. In this instance, the injured worker had been taking the anti-inflammatory naproxen, but this medication was discontinued on September, 2014. The guidelines do recommended periodic monitoring of liver and kidney function for those taking NSAIDs. The injured worker had a normal blood test for liver and kidney function in July 2014. The request for an additional 3 comprehensive metabolic profiles over the next 6 months in this context seems excessive and beyond what would be considered 'periodic', especially in view of the fact that the injured worker has no pre-existing renal or liver disease. Therefore, a CMP (Complete Metabolic Panel) 3 times per 6 months randomly is not medically necessary.