

Case Number:	CM14-0198344		
Date Assigned:	12/08/2014	Date of Injury:	03/01/2005
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 1, 2005. In a Utilization Review Report dated November 5, 2014, the claims administrator denied a request for creatinine testing and alanine aminotransferase testing, i.e., denied renal and hepatic function testing. Non-MTUS Medicare guidelines were invoked, along with a medication list dated June 16, 2014 and a progress note dated October 27, 2014. The applicant's attorney subsequently appealed. In an October 28, 2014 progress note, the applicant presented with issues associated with adjustment disorder, depression, and neck pain. Renal and hepatic function testing were endorsed. The applicant did exhibit an elevated blood pressure of 160/70. The applicant's complete medication list was not attached. On September 22, 2014, the applicant was described as using baclofen, Neurontin, and Lodine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Creatinine Test: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested monitoring in applicants using NSAIDs includes renal function testing, hepatic function testing, and hematologic function testing (CBC testing). Obtaining the applicant's creatinine to ensure that the applicant's current level of renal function is compatible with currently prescribed medications, including Lodine, an NSAID medication, was, thus, indicated. Therefore, the request was medically necessary.

1 Alanine Aminotransferase Test (Alt): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested monitoring of applicants using NSAIDs includes periodic renal function testing, hepatic function testing, and CBC testing. Here, the applicant was using an NSAID medication, Lodine. Assessment of the applicant's hepatic function via the proposed ALT test was indicated, to ensure that the applicant's present levels of hepatic function are compatible with currently prescribed medications. Therefore, the request was medically necessary.