

Case Number:	CM14-0207768		
Date Assigned:	12/19/2014	Date of Injury:	05/08/2008
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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 knee pain reportedly associated with an industrial injury of May 8, 2008. In a Utilization Review Report dated November 13, 2014, the claims administrator denied a medication blood panel, denied Naprosyn, and denied Mobic. The claims administrator referenced an October 7, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an applicant's questionnaire dated October 7, 2014, the applicant acknowledged that he was not working. 4/10 knee pain was noted. In an associated progress note of October 12, 2014, the applicant reported ongoing complaints of knee pain status post earlier left knee total knee arthroplasty. The applicant is 57-year-old. The applicant was using a cane to move about. The applicant had exhausted supply of Naprosyn and was using over-the-counter Motrin. The applicant had last worked in 2008. Mobic was endorsed. The attending provider seemingly suggested that he was prescribing Naprosyn in conjunction with Mobic. A "medication blood panel" to monitor the safety of medication use in regards to kidney and liver function was endorsed. The attending provider stated that he was seeking the CPT codes [REDACTED] x10, [REDACTED], [REDACTED], and [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Blood Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: In his progress note dated October 7, 2014, the attending provider stated that he was seeking authorization for CPT codes to include [REDACTED], which included gonorrhea-chlamydia testing, and [REDACTED], urine drug testing. Also sought was CPT code [REDACTED], a pain management urine drug profile of some kind, per QUEST diagnostics. Thus, the test being sought by the attending provider seemingly represent testing which is well above and beyond the periodic CBC testing, renal functional testing, and hepatic functional testing endorsed on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines for applicants using NSAIDs, as was/is the case here. It not clearly stated why these non-standard tests for various urinary metabolites and gonorrhea-chlamydia were being sought here in lieu of standard, renal, hepatic and hematologic function testing. Therefore, the request was not medically necessary.

Naproxen 550mg #60 prescribed on 10/07/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Anti-inflammatory Medications Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of the applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, the attending provider has not outlined any clear rationale or basis to provision of Naprosyn in conjunction with a second prescription NSAID, meloxicam (Mobic), particularly in the light of the fact that the applicant appears to be using a third NSAID, over-the-counter Motrin. Therefore, the request was not medically necessary.