

<b>Case Number:</b>	CM15-0101836		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57-year-old male patient who sustained an industrial injury on 03/01/2004. The accident is described as while driving the company truck it struck the automobile in front of him. He had immediate subjective complaint of pain and instability. The patient did complete a course of physical therapy. A primary follow up visit dated 11/28/2008 showed current medications as: Kadian, Lidoderm, Maxalt, Verapamil, Lyrica, Lexapro, and Tizanidine. The following diagnoses are applied: thoracic pain, joint pain left leg and mood disorder. A follow up visit dated 10/16/2012 reported a chief complaint of left knee pain and instability. There is still pending authorization to undergo surgical intervention of the knee. The patient also has a diagnoses of bilateral carpal tunnel syndrome as well as left ulnar neuritis for which he has been attending physical therapy session. Objective findings showed the left knee with brace intact and definitive positive anterior drawer test along with a positive Lachman of the left knee compared to the right. He is able to hop his knee, translate his tibia forward without using his hands; great instability. The following diagnoses were applied: left knee instability, possible ACL and PCL injury causing anterior and posterior translation and instability; bilateral carpal tunnel syndrome with some element of neuritis on the left with aberrant two point discrimination along the ulnar distribution of bilateral hands; left elbow sprain; left shoulder impingement syndrome, and neck pain with referred pain of the upper extremities. The plan of care involved: continue with surgical recommendation of the left knee; dispensed medications: Omeprazole, Tramadol, Flexeril, Synovacin, Dendracin, and Naproxen; continue with physical therapy with limitations and follow up in 6 weeks. On 11/13/2008, the patient underwent left

carpal tunnel release. He has also received Rhizotomies with good benefit. A follow up visit dated 04/30/2014 reported subjective complaint of daily neck pain, left wrist pain, left shoulder pain, and left knee pain. There is frequent numbness and tingling to bilateral hands, left worse. He is currently not working. He admits to feeling depressed at times due to limitation in ability to function with daily activity. The patient was diagnosed with: discogenic cervical condition with facet inflammation, headaches; impingement syndrome of the left shoulder status post decompression and labral repair; mid back sprain; cubital tunnel syndrome left status post transition; carpal tunnel syndrome bilaterally status post decompression bilaterally and left side infection requiring multiple interventions; internal derangement of left knee for which surgery still pending; depression, sleep and stress and weight gain of 60 pounds.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BUN/Creatinine and hepatic function panel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Diagnosis and management of adults with chronic kidney disease, Southfield (MI): Michigan Quality Improvement Consortium.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Health care protocol. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

**Decision rationale:** Per the cited guidelines, abnormal findings (noted on the preoperative basic health assessment) are results that require further evaluation to assess and optimize any surgical/anesthesia risk or cares. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. Most laboratory and diagnostic tests (e.g., hemoglobin, potassium, coagulation studies, chest x-rays, electrocardiograms) are not routinely necessary unless a specific indication is present and may be beyond the scope of this protocol. Other abnormal findings, though relevant to the patient's general health, may not have any impact on the planned procedure or the timing of the procedure. Evaluation and management of these incidental findings should follow standard medical practice and are beyond the scope of the protocol. Evaluation of creatinine is supported by these guidelines in the assessment of cardiac risk. The cumulative testing of BUN/creatinine, and hepatic function panel are not supported for this injured worker as he is not reported to have significant history that may affect his planned surgery. The request for BUN/Creatinine and hepatic function panel is determined to not be medically necessary.

#### **Lab serum to include AST, ALT and renal panel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Massachusetts Department of Developmental

Services, Adult screening recommendations, Michigan Quality Improvement Consortium, Diagnosis and management of adults with chronic kidney disease, Southfield (MI): Michigan Quality Improvement Consortium.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Health care protocol. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

**Decision rationale:** Per the cited guidelines, abnormal findings (noted on the preoperative basic health assessment) are results that require further evaluation to assess and optimize any surgical/anesthesia risk or cares. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. Most laboratory and diagnostic tests (e.g., hemoglobin, potassium, coagulation studies, chest x-rays, electrocardiograms) are not routinely necessary unless a specific indication is present and may be beyond the scope of this protocol. Other abnormal findings, though relevant to the patient's general health, may not have any impact on the planned procedure or the timing of the procedure. Evaluation and management of these incidental findings should follow standard medical practice and are beyond the scope of the protocol. Evaluation of creatinine is supported by these guidelines in the assessment of cardiac risk. The cumulative testing of AST, ALT and renal panel are not supported for this injured worker as he is not reported to have significant history that may affect his planned surgery. The request for lab serum to include AST, ALT and renal panel is determined to not be medically necessary.

**Duexis 800/26.6mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAID, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

**Decision rationale:** Duexis is a combination medication containing ibuprofen and famotadine. The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Famotadine is an H2 receptor antagonist. The guidelines recommend the use of H2 antagonists in patients with dyspepsia secondary to NSAID therapy. The available documentation does not reveal evidence of gastrointestinal complaints from the injured worker and he is not in the high-risk category or gastrointestinal events. The injured worker has been taking naproxen for approximately two years without gastrointestinal complaints, therefore, the request for Duexis 800/26.6mg #60 is determined to not be medically necessary.