

<b>Case Number:</b>	CM15-0161534		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/21/2004
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67 year old male sustained an industrial injury on 1-21-04. He subsequently reported knee pain. Diagnoses include status post partial lateral meniscectomy of the right knee. Treatments to date include MRI testing, knee surgery and prescription pain medications. The injured worker continues to experience right knee pain. Upon examination, a palpable medial osteophyte is noted. A request for renal panel was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Renal panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

**Decision rationale:** Review indicates the provider has requested for renal lab panel for use of NSAID; however, records identified Diclofenac has previously been non-certified. MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as

chronic use can alter renal or hepatic function, especially when previous NSAID use has not resulted in any functional benefit. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained for this chronic 2004 injury. Additionally, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The Renal panel is not medically necessary and appropriate.