

Case Number:	CM15-0213797		
Date Assigned:	11/03/2015	Date of Injury:	06/16/2008
Decision Date:	12/22/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, New York, 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 applicant is represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 16, 2008. In a Utilization Review report dated October 26, 2015, the claims administrator failed to approve a request for blood testing to include a comprehensive metabolic panel. An October 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 8, 2015, the attending provider incidentally noted that previous renal and hepatic functions had been normal, to his knowledge. The applicant had ongoing issues with chronic, severe knee pain reportedly imputed to knee arthritis. Topical Voltaren gel was endorsed to apparently ameliorate the same. The applicant was apparently a candidate for a total knee arthroplasty procedure, the treating provider reported. The applicant was using a cane, the treating provider reported. Voltaren gel was endorsed while a comprehensive metabolic panel was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood test, comprehensive metabolic panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, NSAIDs, specific drug list & adverse effects. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Yes, the request for blood testing in the form of a comprehensive metabolic panel (CMP) was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants on NSAIDs includes periodic testing of the applicant's CBC, renal function and hepatic function. Here, the applicant was, in fact, using Voltaren gel, i.e., an NSAID medication. Assessment of the applicant's renal and hepatic function via the comprehensive metabolic panel (CMP) was, thus, indicated to ensure that the applicant's present levels of renal and hepatic function were consistent with currently prescribed medications. Therefore, the request was medically necessary.