MAXIMUS Federal Services

Case Number:	CM15-0036967		
Date Assigned:	03/05/2015	Date of Injury:	03/15/2006
Decision Date:	04/20/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on March 15, 2008. The diagnoses have included cervical disc herniation chronic, cervical neuritis chronic, knee sprain chronic, lumbar disc herniation chronic and lumbar neuritis chronic. Treatment to date has included Magnetic resonance imaging of the lumbar region, electromyogram. Currently, the injured worker complains of cervical pain with radiation, lumbar pain with radiation in the right, left knee pain, and difficulty with sleeping. In a progress note dated January 28, 2015, the treating provider reports positive bilateral maximal foraminal compression test, cervical distraction test positive, bilateral Yenman's positive, bilateral Kemp's positive, positive Valsalva and positive hoovers, Mankoft and skin pinch test for symptom magnification, limited range of motion in the cervical, lumbar and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Metabolic Profile 3 x 6 months randomly: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of random CMP (complete metabolic profile). The patient is a 52 year old individual with chronic pain. The documentation supplied provides a medication list that includes naprosyn, fexmed, prilosec, tramadol and neurontin. According to Uptodate.com, monitoring parameters while a patient is taking naprosyn includes occult blood loss, periodic liver function test, CBC, BUN, serum creatinine; urine output; blood pressure (hypertensive patients); ophthalmic exam (for vision changes/disturbances). There is no specific time period for suggested monitoring. Given this patient is taking naprosyn routinely it is medically reasonable to monitor a CMP randomly over 6 months.