

Case Number:	CM15-0047612		
Date Assigned:	03/19/2015	Date of Injury:	11/15/2002
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 a represented 38-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 15, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; multiple knee surgeries; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for renal and hepatic function testing. Progress note dated February 3, 2015 was referenced in the determination. Non-MTUS Guidelines were invoked in the rationale. The claims administrator did suggest that the applicant was using Norco as of January 14, 2015. The claims administrator did not attach the applicant's complete medication list, however. In a progress note dated August 26, 2014, the applicant reported ongoing complaints of knee pain status post earlier knee hardware removal surgery of July 7, 2014. The applicant was asked to obtain electrodiagnostic testing to further evaluate allege nerve weakness. Physical therapy and electrodiagnostic testing were endorsed while the applicant was placed off of work, on total temporary disability. In an August 26, 2014 ambulatory intake form, the applicant was described as using both Motrin and Norco for pain relief. The applicant remained off of work, on total temporary disability, as off multiple progress notes in late 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One renal and liver function panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission, Abnormal Liver Chemistry - Evaluation and Interpretation. Victoria (BC): British Columbia Medical Services Commission; 2011 Aug 1. 5 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Yes, the request for one renal and liver function panel was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggestion of monitoring in applicants using NSAIDs includes periodic assessment of an applicant's CBC and chemistry profile to include the liver and renal function testing at issue. Here, the applicant was using Motrin, an NSAID medication, along with another medication processed in the liver, Norco. Periodic assessment of the applicant's renal and hepatic function to ensure that the same were compatible with currently prescribed medication was, thus, indicated. Therefore, the request was medically necessary.