MAXIMUS Federal Services

Case Number:	CM14-0114616		
Date Assigned:	09/16/2014	Date of Injury:	07/13/1998
Decision Date:	10/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with a history of a right foot injury. Date of injury was 07-13-1998. Progress report dated 6/19/14 documented a history of right foot injury. Subjective complaints included foot pain. Medications included Voltaren, Flexeril, Aciphex. Physical examination findings included right foot outward rotation, full passive range of motion, no edema, no peripheral cyanosis. Diagnoses were. Medications included Flexeril, Feldine, and Aciphex. The patient has a history of elevated LFT liver function tests. The treatment plan included laboratory tests. Utilization review determination date was 7/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Test, Chem Panel & Liver Function Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDS have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including,

myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Medical records document that the patient has been prescribed the NSAID Voltaren. MTUS guidelines recommend periodic lab monitoring for patients prescribed NSAIDs. The patient has a history of elevated LFT liver function tests. The patient has a history of GERD gastroesophageal reflux disease. The medical records support the medical necessity of laboratory tests.Therefore, the request for Lab Test, Chem Panel & Liver Function Testis medically necessary.