

Case Number:	CM14-0095289		
Date Assigned:	09/15/2014	Date of Injury:	12/01/2000
Decision Date:	10/16/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of December 1, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of occupational therapy; a chronic pain program evaluation; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated June 5, 2014, the claims administrator approved a request for 'DDS' and denied a request for renal and hepatic function testing. The applicant's attorney subsequently appealed. In a September 8, 2014 progress note, the attending provider sought authorization for a [REDACTED] interdisciplinary pain management and rehabilitation program for 50 hours. It was acknowledged that the applicant was not working. In a progress note dated August 7, 2014, it was noted that the applicant was intent on finding alternative work. The applicant was using Elavil, Percocet, tizanidine, Neurontin, naproxen, and Prilosec. The applicant's BMI was 33.

IMR ISSUES, DECISIONS AND RATIONALES

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

One kidney 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, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested monitoring in applicants using NSAIDs includes periodic monitoring of CBC and chemistry profile to include the liver function testing at issue. In this case, the applicant is, in fact, using naproxen, an NSAID. Periodic assessment of the applicant's renal (kidney) function is indicated. Therefore, the request is medically necessary.

One 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, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment and monitoring of an applicant's CBC and chemistry profile, to include the hepatic function testing at issue, is recommended in applicants using NSAIDs. In this case, the applicant is, in fact, using an NSAID, naproxen. Assessment of the applicant's liver (hepatic) function is therefore indicated. Accordingly, the request is medically necessary.