MAXIMUS Federal Services

Case Number:	CM14-0098233		
Date Assigned:	09/16/2014	Date of Injury:	07/09/2009
Decision Date:	10/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 Meidcine and is licensed to practice in Arizona. 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 injured worker is a 40year old man with a work-related injury dated 7/9/09 resulting in injury and chronic pain to his ankle. He has been treated with medications including tramadol, LidoPro, glucosamine and Ibuprofen. On 6/12/14 the injured worker was evaluated by the primary treating physician. The injured worker continued to complain of left foot pain 8/10. He denied any side effects to the medications including no nausea, vomiting, bowel or bladder changes. The exam showed left foot tenderness to palpation and pain with eversion/inversion. The diagnosis includes ankle sprain, tenosynovitis of the foot and/or ankle, lumbar sprain/strain and renal calculi. The plan of care included continuing medications as stated above, exercise and thera cane. The provider requested authorization for a CBC, CMP and stool guiac x3 for medication monitoring. Under consideration is the medical necessity of these laboratory studies which were denied during utilization review dated 6/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50 & 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50, 70, 84.

Decision rationale: The patient is being treated for chronic ankle pain with tramadol, an opioid analgesic medication, Glucosamine and ibuprofen, an NSAID analgesic medication. The MTUS recommends medication monitoring only in the use of ibuprofen (NSAID). The treatment recommendation includes blood pressure measurment and assessment of any fluid excess in normotensive patient within 2-4 weeks of beginning treatment and on each visit. There are no recommendations to monitor laboratory studies regarding glucosamine or tramadol. During the office visit dated 6/12/14 the patient denied any side effects of nausea or changes in bowel. There was no clinical evidence to suggest any bleeding in the stomach or the bowels. The use of a CBC to monitor any of the medications the patient is using was not medically necessary.

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50 & 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50, 70, 84.

Decision rationale: The patient is being treated for chronic ankle pain with tramadol, an opioid analgesic medication, Glucosamine and ibuprofen, an NSAID analgesic medication. The MTUS recommends medication monitoring only in the use of ibuprofen (NSAID). The treatment recommendation includes blood pressure measurment and assessment of any fluid excess in normotensive patient within 2-4 weeks of beginning treatment and on each visit. There are no recommendations to monitor laboratory studies regarding glucosamine or tramadol. During the office visit dated 6/12/14 the patient denied any side effects of nausea or changes in bowel. There was no clinical evidence to suggest any bleeding in the stomach or the bowels. The use of a CMP to monitor any of the medications the patient is using was not medically necessary.

Stool Guaiac for Medication Monitoring #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50 & 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50, 70, 84.

Decision rationale: The patient is being treated for chronic ankle pain with tramadol, an opioid analgesic medication, Glucosamine and ibuprofen, an NSAID analgesic medication. The MTUS recommends medication monitoring only in the use of ibuprofen (NSAID). The treatment recommendation includes blood pressure measurment and assessment of any fluid excess in normotensive patient within 2-4 weeks of beginning treatment and on each visit. There are no recommendations to monitor laboratory studies regarding glucosamine or tramadol. During the office visit dated 6/12/14 the patient denied any side effects of nausea or changes in bowel. There was no clinical evidence to suggest any bleeding in the stomach or the bowels. The use of a stool guiac to monitor any of the medications the patient is using was not medically necessary.