

Case Number:	CM14-0143417		
Date Assigned:	09/10/2014	Date of Injury:	03/16/2009
Decision Date:	10/21/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family 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:

This 53-year old construction worker developed L foot pain and fever after stepping on a nail at work on 3/16/09. A surgical debridement of the heel bone was performed due to a diagnosis of osteomyelitis. Pain did not improve, and a second debridement was performed, then a nerve release. He was referred to a pain management specialist when his pain persisted. Treatment included nerve blocks in the lumbar spine and an implanted spinal cord stimulator, neither of which resulted in improvement in pain levels. He apparently has an accepted lower back injury due to the implantation and removal of the spinal cord stimulator. Per the primary treater's 7/24/14 progress note, the patient continues to have pain in his L foot and low back. Current medications include Celexa, Promethazine, Flexeril, Norco and Vimovo (a combination of Naprosyn 500 mg and esomeprazole 20 mg). (Review of previous notes reveals that Vimovo was first prescribed on 6/30/14.) Exam is notable for tenderness and decreased range of motion of the back, with positive straight leg raise and positive bilateral trigger points in the paravertebral muscles. L foot and ankle exam was positive for scarring, tenderness and allodynia and decreased EHL strength, with a normal range of motion. Diagnoses include foot pain and muscle spasm. The plan includes "lab work authorized--patient to complete". There is a note that the patient reports GI irritation from Vimovo, and that his low back and foot pain are largely unchanged. Despite the report of side effects from Vimovo, the plan included "trial of Vimovo for painful inflammation". However, the patient was given prescriptions for Flexeril, Celexa, Promethazine and Norco 10, and no Vimovo. Labs are listed as BUN/Creatinine and Hepatic Function Panel. No rationale is given for ordering these tests. The patient is not working, and has not worked since his injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 BUN/Creatinine and hepatic function panel: Upheld

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 Acetaminophen; NSAIDs, hypertension and renal failure; NSAIDs Page(s): 12, 69, 70.

Decision rationale: According to the guidelines cited above, hepatotoxicity from therapeutic doses of acetaminophen is unusual. All NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess (such as cirrhosis). Oral opioids are an option for treatment. NSAIDs should be used with caution in patients with moderate hepatic impairment, and are not recommended for patients with severe hepatic impairment. NSAIDs may compromise renal function. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and a chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, the treating provider has documented no reason for ordering liver and renal testing. The possible reasons for doing so are myriad, making it unfeasible to cite every possible evidence-based guideline. Guidelines for two of the common reasons for ordering this testing are cited above. However, this patient appears to have taken an NSAID (Naprosyn) for a maximum period of 4.5 weeks, assuming he began it on the day it was prescribed (6/30/14) and did not discontinue it until the 7/24/14 visit. Laboratory testing would not be indicated for NSAID use in this case. The patient has been on the same therapeutic dosages of acetaminophen for years (Norco contains acetaminophen). The treating provider has not documented any evidence of hepatic or renal compromise, or of any concern for their development. Because the provider has not documented the reason he ordered them and because there is no obvious documented condition described in the records that would require them. The evidence-based references cited above and the clinical documentation in this case does not support the performance of laboratory tests of renal and hepatic function. BUN, creatinine, and a hepatic function panel are not medically necessary.