

<b>Case Number:</b>	CM13-0027895		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 New York. 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 a 62-year-old who sustained a workplace injury on November 6, 2004. The mechanism of injury was not provided. His diagnoses include neck pain, hypertension, and actinic keratoses. He is maintained on medical therapy with Diovan for blood pressure control. He was evaluated by his treating provider and the following studies were requested : CBC (complete blood count) with diff, Lipid panel, Thyroid studies, basic metabolic profile, uric acid , liver function studies including GGTP, ferritin, OH-25 Vitamin D, apolipoprotein, EKG (electrocardiogram) with rhythm strip, echocardiogram, and echocardiogram with Doppler studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A COMPLETE BLOOD COUNT (CBC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

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

**Decision rationale:** There is no documentation provided necessitating the requested CBC. According to the Chronic Pain Medical Treatment Guidelines, periodic lab monitoring of a CBC

and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID (non-steroidal anti-inflammatory drug) therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. The patient is only maintained on Diovan therapy for blood pressure control. There is no specific indication provided for the requested laboratory study. Medical necessity has not been established. The request for a CBC is not medically necessary or appropriate.

**A LIPID PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

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

**Decision rationale:** There is no documentation provided necessitating the requested follow-up laboratory studies. According to the Chronic Pain Medical Treatment Guidelines, periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. The patient is only maintained on Diovan therapy for blood pressure control. Lipid profile or lipid panel, is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The patient is not maintained on any lipid lowering therapy. There is no specific indication for the requested service. The request for a lipid panel is not medically necessary or appropriate.

**TRIIODOTHYRONINE; T3 TOTAL BLOOD PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis, page 1104.

**Decision rationale:** There is no documentation of any physical exam findings consistent with thyroid dysfunction. The patient is only maintained on Diovan therapy for blood pressure control. Medical necessity for thyroid testing has not been established. The request for Triiodothyronine; t3 total blood panel, is not medically necessary or appropriate.

**THYROXINE; TOTAL BLOOD PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis, page 1104.

**Decision rationale:** There is no documentation of any physical exam findings consistent with thyroid dysfunction. The patient is only maintained on Diovan therapy for blood pressure control. Medical necessity for thyroid testing has not been established. The request for Thyroxine; total blood panel is not medically necessary or appropriate.

**T3 OR T4 BLOOD PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis, page 1104.

**Decision rationale:** There is no documentation of any physical exam findings consistent with thyroid dysfunction. The patient is only maintained on Diovan therapy for blood pressure control. Medical necessity for thyroid testing has not been established. The request for T3 or T4 blood panel is not medically necessary or appropriate.

**TRIIODOTHYRONINE; T3 FREE BLOOD PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis, page 1104.

**Decision rationale:** There is no documentation of any physical exam findings consistent with thyroid dysfunction. The patient is only maintained on Diovan therapy for blood pressure control. Medical necessity for thyroid testing has not been established. The request for Triiodothyronine; t3 free blood panel, is not medically necessary or appropriate.

**THYROXINE; FREE BLOOD PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis, page 1104.

**Decision rationale:** There is no documentation of any physical exam findings consistent with thyroid dysfunction. The patient is only maintained on Diovan therapy for blood pressure control. Medical necessity for thyroid testing has not been established. The request for Thyroxine, free blood panel is not medically necessary or appropriate.

**THYROID STIMULATING HORMONE (TSH) BLOOD PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis, page 1104.

**Decision rationale:** There is no documentation of any physical exam findings consistent with thyroid dysfunction. The patient is only maintained on Diovan therapy for blood pressure control. Medical necessity for thyroid testing has not been established. The request for TSH blood panel is not medically necessary or appropriate.

**A BASIC METABOLIC PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

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

**Decision rationale:** There is no documentation provided necessitating the requested test. Per the treatment guidelines periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within four to eight weeks after starting therapy but there is no established interval for follow-up testing. The patient is only maintained on Diovan therapy for blood pressure control. There is no specific indication provided for the requested laboratory study. The request for a basic metabolic panel is not medically necessary or appropriate.

**A HEPATIC FUNCTION PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis, page 1104.

**Decision rationale:** There is no documentation of any physical examination abnormalities provided that warrants specific liver function studies including a GGTP. The request for a hepatic function panel is not medically necessary or appropriate.

**A URIC ACID BLOOD PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

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

**Decision rationale:** There is no documentation provided necessitating the requested test. Per the treatment guidelines periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within four to eight weeks after starting therapy but there is no established interval for follow-up testing. The patient is only maintained on Diovan therapy for blood pressure control. There is no specific indication provided for the requested laboratory study. The request for a uric acid blood panel is not medically necessary or appropriate.

**A GLUTAMYLTRANSFERASE, GAMMA BLOOD TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis, page 1104.

**Decision rationale:** There is no documentation of any physical examination abnormalities provided that warrants specific liver function studies including a GGTP. The request for a glutamyltransferase, gamma blood test is not medically necessary or appropriate

**FERRITIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Ferritin.

**Decision rationale:** There is no specific indication for the requested serum ferritin. Ferritin is a ubiquitous intracellular protein that stores iron and releases it in a controlled fashion. The protein is produced by almost all living organisms, including algae, bacteria, higher plants, and animals. In humans, it acts as a buffer against iron deficiency and iron overload. Ferritin is found in most

tissues as a cytosolic protein, but small amounts are secreted into the serum where it functions as an iron carrier. Plasma ferritin is also an indirect marker of the total amount of iron stored in the body, hence serum ferritin is used as a diagnostic test for iron deficiency anemia. The request for Ferritin is not medically necessary or appropriate.

**VITAMIN D-25 HYDROXY TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal medicine 2013: Vitamin D.

**Decision rationale:** There is no documentation of any physical examination abnormalities provided that warrants specific test of OH-25 vitamin D levels. The request for a vitamin D-25 hydroxy test is not medically necessary or appropriate.

**A HEMOGLOBIN TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedlinePlus

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

**Decision rationale:** There is no documentation provided necessitating the requested test. According to the Chronic Pain Medical Treatment Guidelines, periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. The patient is only maintained on Diovan therapy for blood pressure control. There is no specific indication provided for the requested laboratory study. Medical necessity has not been established. The request for a hemoglobin test is not medically necessary or appropriate.