

Case Number:	CM13-0033432		
Date Assigned:	12/06/2013	Date of Injury:	02/27/2012
Decision Date:	03/26/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 39 year old male with a date of injury on 02/27/2012. He has a history of hypertension, constipation (on opiates) and GERD. On 06/24/2013 heliobacter IgG antibody was positive. He had other routine labs then. WBC was 4,700 and the Hb was 14.2. Platelet count was 218,000. Na was 137 and K was 4.1. Glucose was normal for that lab at 103. Renal function tests and liver function tests were normal. Cholesterol was 183. Triglycerides were 222. LDL cholesterol was 109. TSH and iron were normal. In 07/2013 the blood pressure was 126/78. On 08/13/2013 his blood pressure was well controlled; it was in the 120s/70s. It was 117/79 during that office visit. Heart rate was 73/min. He was overweight at 5'9" tall and weighed 214 pounds. Chest was clear. Heart sounds were normal. Abdomen was soft and not tender. Bowel sounds were normal. There was no clubbing cyanosis or edema. He was alert and oriented. He was taking hydrocodone for pain. He had already been treated for H pylori. Hypertension is treated with Lisinopril and Hydrochlorothiazide. There was no change in his GERD symptoms. It was noted that no diagnostic tests were needed at that time but then there were requests for blood pressure monitor and lab studies. The requests for this review were submitted on 09/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FASTING LABS: GI PROFILE, DM PROFILE, HTN PROFILE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/lipid/tab/glance>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The Physician Reviewer's decision rationale: On 06/24/2013 the glucose, liver function tests and blood pressure were normal. Electrolytes were normal. On 08/14/2013 he had a normal examination. There are no MTUS or ODG criteria for the requested lab tests but there is no indication for repeat lab tests three months after the 06/24/2013 lab tests. The patient is overweight and weight loss should be encouraged. Constipation is a side effect of opiates. There is no indication for repeat blood tests at this time.

Blood pressure monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [://www.bcbsnc.com/services/medical-policy/pdf/durable_medical_equipment](http://www.bcbsnc.com/services/medical-policy/pdf/durable_medical_equipment)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The Physician Reviewer's decision rationale: The patient's hypertension is extremely well controlled on his regimen of Hydrochlorothiazide and Lisinopril. The MTUS and ODG do not mention criteria for blood pressure monitors. There is no objective documentation that the use of a blood pressure monitor in a patient whose hypertension is already well controlled improves the long term functional outcome.