

Case Number:	CM13-0035917		
Date Assigned:	12/13/2013	Date of Injury:	03/18/1999
Decision Date:	05/08/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Geriatrics 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 injured worker is a 55 year old man with a date of injury of 3/18/99. At issue in this review are a series of lab tests requested on 10/11/13. His diagnoses include irritable bowel syndrome, ulcer of esophagus and hypertension - essential benign. He was seen by his primary treating physician on 2/6/13, 5/4/13 and 9/3/13. On all occasions, he was feeling well with no complaints and his blood pressure was under good control and documented at 120/74, 120/70 and 136/80. He had no chest pain, shortness of breath, constipation, GI bleed or heartburn. He felt flatulence and gurgling per the notes. His physical exam showed height of 70 inches and weight of 215lbs. He had clear lungs, regular rhythm of his heart, normal abdominal exam and negative findings on his extremities. His medications included ramipril, felodipine, protonix and gemfibrozil. He had an echocardiogram completed on 5/14/13 showing normal chamber dimensions and normal systolic function and wall motion pattern. The doppler revealed trace tricuspid and mitral regurgitation. Lab studies from 5/14/13 showed a normal CBC, cholesterol of 201 and LDL of 89, normal apolipoproteins, normal chemistries with glucose of 118, normal thyroid studies, high ferritin, normal uric acid, normal glycosylated hemoglobin, slightly high GGT at 130, normal urine microalbumin and low vitamin D at 24.7. An EKG showed normal sinus rhythm.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: GEMFIBROZIL: DRUG INFORMATION

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He had no history of gastrointestinal issues or anemia. Monitoring parameters for gemfibrozil include cholesterol, LFTs periodically, CBC periodically (in the first year). He already had labs and a normal CBC within the prior 6 months and the medical necessity of a repeat CBC is not substantiated in the record.

LIPID PANEL QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: GEMFIBROZIL DRUG INFORMATION

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. Monitoring parameters for gemfibrozil include cholesterol, LFTs periodically, CBC periodically (first year). He already had labs within the prior 6 months and the medical necessity of a repeat lipid panel is not substantiated in the records.

TRILODORTHYROININE T3 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: DIAGNOSIS OF AND SCREENING FOR HYPOTHYROIDISM IN NONPREGNANT ADULTS

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He has no history of thyroid disease. There is no evidence that early detection and treatment with thyroxine improves clinically important outcomes in individuals with hypothyroidism detected by screening. He already had normal thyroid studies within the prior 6 months and the medical necessity of a repeat thyroid study is not substantiated in the records.

THYROXINE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: DIAGNOSIS OF AND SCREENING FOR HYPOTHYROIDISM IN NONPREGNANT ADULTS

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He has no history of thyroid disease. There is no evidence that early detection and treatment with thyroxine improves clinically important outcomes in individuals with hypothyroidism detected by screening. He already had normal thyroid studies within the prior 6 months and the medical necessity of a repeat thyroid study is not substantiated in the records.

THYROID HORMONE (T3 OR T4) UPTAKE QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: DIAGNOSIS OF AND SCREENING FOR HYPOTHYROIDISM IN NONPREGNANT ADULTS

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies,

most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He has no history of thyroid disease. There is no evidence that early detection and treatment with thyroxine improves clinically important outcomes in individuals with hypothyroidism detected by screening. He already had normal thyroid studies within the prior 6 months and the medical necessity of a repeat thyroid study is not substantiated in the records

TRILODTHYRONINE T3; FREE- QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: DIAGNOSIS OF AND SCREENING FOR HYPOTHYROIDISM IN NONPREGNANT ADULTS

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He has no history of thyroid disease. There is no evidence that early detection and treatment with thyroxine improves clinically important outcomes in individuals with hypothyroidism detected by screening. He already had normal thyroid studies within the prior 6 months and the medical necessity of a repeat thyroid study is not substantiated in the records

THYROID STIMULATING HORMONE (TSH)-QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: DIAGNOSIS OF AND SCREENING FOR HYPOTHYROIDISM IN NONPREGNANT ADULTS

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well Final Determination Letter for IMR Case Number [REDACTED] controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He has no history of thyroid disease.

There is no evidence that early detection and treatment with thyroxine improves clinically important outcomes in individuals with hypothyroidism detected by screening. He already had normal thyroid studies within the prior 6 months and the medical necessity of a repeat thyroid study is not substantiated in the records.

BASIC METABOLIC PANEL QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: THE SEVENTH REPORT OF THE JOINT NATIONAL COMMITTEE ON PREVENTION, DETECTION, EVALUATION, AND TREATMENT OF HIGH BLOOD PRESSURE
[HTTP://WWW.NHLBI.NIH.GOV/GUIDELINES/HYPERTENSION/EXPRESS.PDF](http://www.nhlbi.nih.gov/guidelines/hypertension/express.pdf)

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He already had labs and normal chemistries and renal function within the prior 6 months and the medical necessity of repeat labs is not substantiated in the records. Per the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, once antihypertensive drug therapy is initiated, serum potassium and creatinine should be monitored at least 1-2 times/year. The physician visit does not substantiate this clinical reasoning or justify why the blood work is needed every 6 months nor do they specify the exact tests to be ordered.

HEPATIC FUNCTION PANE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: GEMFIBROZIL: DRUG INFORMATION

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He had no history of gastrointestinal issues or anemia. Monitoring parameters for gemfibrozil include cholesterol,

LFTs periodically, CBC periodically (in the first year). He already had labs within the prior 6 months and the medical necessity of a repeat hepatic function panel is not substantiated in the records.

URIC ACID QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: CLINICAL MANIFESTATIONS AND DIAGNOSIS OF GOUT

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He had no history of gastrointestinal issues or gout. He already had labs and a normal uric acid within the prior 6 months and the medical necessity of a repeat uric acid is not substantiated in the records.

GHITAMYTRANSFERASE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: DRUG INFORMATION: GEMFIBRIZOL

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He had no history of gastrointestinal issues or anemia. Monitoring parameters for gemfibrozil include cholesterol, LFTs periodically, CBC periodically (in the first year). He already had labs within the prior 6 months with minimal elevation of the GGT but the medical necessity of a repeat GGT is not substantiated in the records.

FERRITIN QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: CAUSES AND DIAGNOSIS OF IRON DEFICIENCY ANEMIA IN THE ADULT

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He had no history of gastrointestinal issues or anemia. He already had labs and a normal CBC and slightly high ferritin within the prior 6 months and the medical necessity of a repeat ferritin is not substantiated in the records

VITAMIN D QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: VITAMIN D DEFICIENCY IN ADULTS: DEFINITION, CLINICAL MANIFESTATIONS, AND TREATMENT

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He had no history of osteoporosis. He already had labs with a low vitamin D level within the prior 6 months and he is not taking vitamin D per the records so the medical necessity of a repeat test is not substantiated in the records.

HEMOGLOBIN; GLYCOSYLATED (A1C)- QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: SCREENING FOR TYPE 2 DIABETES MELLITUS

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. He had no history of diabetes. He already had labs and a normal hemoglobin A1C within the prior 6 months and the medical necessity of a repeat test is not substantiated in the records

APOLIPOPROTEIN QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: LIPOPROTEIN A AND CARDIOVASCULAR DISEASE

Decision rationale: This injured worker has a history of well controlled benign essential hypertension, esophageal ulcer and irritable bowel syndrome. He was seen three times by his primary treating physician from February to September 2013. He had a series of lab studies, most of which were unremarkable completed on 5/14/13. His physical exam was normal and his blood pressure well controlled. He had no cardiac, hepatic or esophageal symptoms. There were no historical or exam findings for toxicity or side effects of his medications. There is no documented strong family history of heart disease or other lipidemia and his lipids are controlled. He already had labs and a normal apolipoprotein test within the prior 6 months and the medical necessity of a repeat lab test is not substantiated in the records.