MAXIMUS Federal Services

Case Number:	CM13-0035985		
Date Assigned:	12/13/2013	Date of Injury:	03/03/2004
Decision Date:	02/21/2014	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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management 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 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 47 year old male [redacted] whose mechanism of injury is not stated. He was injured while at work on 03/03/04, injuring his internal organs, pelvis, buttocks, and whole body. He is currently not working. The internal organs, pelvis, buttocks, and whole body have been accepted by the carrier. The mechanism of injury has not been described. He has been diagnosed with hypertension and is under chronic therapy. At issue are the laboratory tests ordered and requested as routine in managing and monitoring hypertension and general health as well as a medication used for treatment of erectile dysfunction. Follow-up and Monitoring of Hypertension: Once antihypertensive drug therapy is initiated, most patients should return for follow-up and adjustment of medications at monthly intervals or until the BP goal is reached. More frequent visits will be necessary for patients with stage 2 hypertension or with complicating comorbid conditions. Serum potassium and creatinine should be monitored at least one to two times per year. After BP is at goal and stable, follow-up visits can usually be at 3- to 6-month intervals. Comorbidities such as HF, associated diseases such as diabetes, and the need for laboratory tests influence the frequency of visits. Other cardiovascular risk factors should be monitored and treated to their respective goals, and tobacco avoidance must be promoted vigorously. Low-dose aspirin therapy should be considered only when BP is controlled because of the increased risk of hemorrhagic stroke when the hypertension is not controlled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: The Physician Reviewer's decision rationale: Viagra (Sildenafil citrate) is a medication indicated for the treatment of erectile dysfunction. Erectile dysfunction is not listed as a subjective complaint in the records provided in this case and is not listed as a diagnosis. This patient is being treated for hypertension and evidence-based treatment of hypertension does not include the use of sildenafil despite the possibility of an indirect effect on lowering blood pressure. There are no studies to justify its use and standard of care does recognize any benefit. The provider(s) offer no diagnosis, explanation or rationale or specific quantity for this prescription. Therefore the request for Viagra 50mg is not medically necessary and appropriate

Lipid Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: CA-MTUS (Effective July 18, 2009) is mute about this topic. A lipid panel is a reasonable test to obtain on a routine basis to manage the health of an adult patient. In this case the patient's lipid panels submitted have been within the normal limits of the assessing laboratory's range and the patient is not diagnosed with a lipid disorder. He is diagnosed with hypertension and requirements for monitoring that disorder do not include a lipid panel according to standard of care evidence based guidelines. In addition, there is no comment on lipid management and no argument or rationale presented by the patient's provider(s) to justify this test. Therefore, the request for lipid panel is found not medically necessary and appropriate.

Complete blood count (CBC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Trilodothyronine t3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: A T3 test is ordered to check thyroid function. There is no diagnosis of a thyroid disorder in this patient and T3 is not a test required in the follow-up of a patient with hypertension and no rationale presented by this patient's providers for its use. Therefore the request for Triiodothyronine (T3) is not medically necessary and appropriate.

Thyroid hormone (t3 or t4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: Thyroid hormone (T3 or T4) test is ordered to check thyroid function. There is no diagnosis of a thyroid disorder in this patient and T3 is not a test required in the follow-up of a patient with hypertension and no rationale presented by this patient's providers for its use. Therefore the request for Thyroid hormone (T3 or T4) is not medically necessary and appropriate.

Thyroxine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: A Thyroxine test is ordered to check thyroid function. There is no diagnosis of a thyroid disorder in this patient and T3 is not a test required in the follow-up of a patient with hypertension and no rationale presented by this patient's providers for its use. Therefore the request for Thyroxine is not medically necessary and appropriate.

Thyroxine; free: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: A Thyroxine, free test is ordered to check thyroid function. There is no diagnosis of a thyroid disorder in this patient and T3 is not a test required in the follow-up of a patient with hypertension and no rationale presented by this patient's providers for its use. Therefore the request for Thyroxine, free is not medically necessary and appropriate.

Thyroid stimulating hormone: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: A Thyroid stimulating hormone test is ordered to check thyroid function. There is no diagnosis of a thyroid disorder in this patient and T3 is not a test required in the follow-up of a patient with hypertension and no rationale presented by this patient's providers for its use. Therefore the request for Thyroid stimulating hormone is not medically necessary and appropriate.

Basic metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: A basic metabolic panel is a test used in a variety of diseases and tests a variety of functions. Embedded within the test are the potassium and creatinine/GFR tests which are useful and necessary when monitoring a patient with hypertension. However, there are a number of other determinations included which are not required by standard of care evidence-based management of hypertension. No diagnoses or rationale is presented by the provider(s) of care in this case to justify obtaining those other values. The patient's sole diagnosis is hypertension. Therefore the request for basic metabolic panel is not medically necessary and appropriate.

Hepatic function panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, (JNC7) page 32.

Decision rationale: An hepatic function panel is used to determine the status of liver function. There is no mention of liver dysfunction or a diagnosis or treatment noted in this patient that would mandate the obtaining of an hepatic function test. There is no rationale offered to accompany this request. This test is not necessary to the management of hypertension. Therefore the request for hepatic function panel is not medically necessary and appropriate.