

<b>Case Number:</b>	CM13-0041098		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/16/1999
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 claimant is a 62 year old male who sustained a work related injury on 12/16/1999. The mechanism of injury was not provided. His diagnoses include injury to his internal organs, chronic low back pain, neck pain, and right arm pain. He also has medical conditions of hypertension and occasional dyspepsia. On exam his blood pressure is normal and his physical exam is unremarkable. The treating provider has requested Omeprazole 20mg and laboratory studies: CBC, TT3, Throxine, T3/T4 uptake, Total T3/T4, TSH, uric acid, GTT, and OH-25 Vitamin D.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. The claimant has no documented GI issues except for occasional dyspepsia. Based on the

available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Retrospective CBC: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** There is no indication for a CBC. The complete blood count typically has several parameters that are created from an automated cell counter and the most relevant are white blood cell count, hemoglobin, hematocrit, mean corpuscular volume, and platelet count. There is no clinical rationale for the requested study. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective T-3: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** T3 is the more potent, short-lived version of thyroid hormone. There is no clinical indication that the claimant has underlying thyroid disease. There is no clinical rationale for the requested study. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Thyroxine; Total: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** Thyroxine levels measure the total amount of T4. There is no clinical indication of underlying thyroid disease in the medical records provided for review. There is no clinical rationale for the requested study. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Thyroid Hormone (t3 and t4) uptake: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** There is no clinical rationale for the requested study. There is no clinical indication of underlying thyroid disease in the medical records provided for review. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Triiodothyronine t3; free:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** There is no clinical rationale for the requested study. There is no clinical indication of underlying thyroid disease in the medical records provided for review. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Thyroxine; free-:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** There is no clinical rationale for the requested study. There is no clinical indication of underlying thyroid disease in the medical records provided for review. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Thyroid stimulating hormone (tsh):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** There is no clinical rationale for the requested study. There is no clinical indication of underlying thyroid disease in the medical records provided for review. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Uric acid; blood-:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** The uric acid test is used to determine high values that may be associated with gout, arthritis, kidney problems, and the use of some diuretics. There is no clinical rationale provided for the test in the medical records provided for review. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Glutamyltransferase, gamma (ggt):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** There is no clinical rationale for the requested study in the medical records provided for review. Medical necessity for the requested item has not been established. The requested item is not medically necessary and appropriate.

**Retrospective Ferritin:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** Ferritin reflects the amount of iron stored in the body. There is no clinical rationale for the requested study in the medical records provided for review. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Vitamin D; 25 hydroxy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** The requested test determines the total amount of vitamin D in the body. There is no clinical rationale for the requested study in the medical records provided for review. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Retrospective Hemoglobin; glycosylated (a1c):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Chapter, Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Studies.

**Decision rationale:** The test is used to determine the amount of hemoglobin chemically attached to the red blood cells and provides an average of glucose for the proceeding 6 to 8 weeks. There is no clear indication that the claimant is diagnosed or suspected to have diabetes. There is no clinical rationale for the requested study. Medical necessity for the requested item has not been established. The requested item is not medically necessary.