

<b>Case Number:</b>	CM13-0048601		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/12/2003
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 pt is a 44 year old male with a history of an injury 7/12/03. His diagnoses include depression, diabetes, hypertension, kidney stone 2013, obesity, and bilateral knee degenerative joint disease. His meds have included Fentanyl patch, Lexapro, Insulin, Metformin, Norco, Neurontin, Benicar, Naprosyn, Flexeril, hydrochlorothiazide, Tradjenta and Pamelor. On 10/24/13, his blood pressure was 150/100. An MD ordered bloodwork. UR rejected this 10/30/13. An appeal was made 1//8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 blood draw CMP, Alc, CBS, TSH, and FT4:** Overturned

**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 Cecil's textbook of med 24th ed ch125, 237, 67.

**Decision rationale:** The Physician Reviewer's decision rationale: If a patient is on medications with a history of diabetes, hypertension and obesity, it is appropriate to periodically check CBC and Lytes. A one time thyroid test is also appropriate especially with h/o obesity. Labs are approved.

