

Case Number:	CM14-0005388		
Date Assigned:	01/24/2014	Date of Injury:	01/20/1998
Decision Date:	10/15/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopaedic Surgery 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 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 record notes a 70-year-old individual with a date of injury of January 20, 1998. The excepted injuries reported were to the heart, buttocks, knees (bilateral), wrist and hands (bilateral), ears (bilateral), feet (bilateral), and internal organs. The medical record references several progress notes beginning in October 2012 with the most recent being November 8, 2013. These notes reference a diagnosis of hypertension and a benign hypertensive heart disorder. However, there is no diagnosis of diabetes documented. The medication Glyburide is documented in the treatment plan of nearly every progress note included in the medical record. A laboratory report dated January 19, 2013 demonstrates fasting blood glucose to be high at 190. At that time a hemoglobin A1C had been requested with the same panel of laboratory studies, and was reportedly 6.4 (just outside of the normal range). A progress note dating back to October 2012 indicates that the claimant was concurrently on Glyburide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemoglobin A1C: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Glucose Monitoring and Sulfonylurea

Decision rationale: Medical treatment guidelines support hemoglobin A1c testing, recommending this be measured at least twice yearly in all patients with diabetes, and at least 4 times yearly in patients not to goal. While the medical record does not identify a diagnosis of diabetes, and there is no dosing regimen noted for the Glyburide prescribed, this medication list evidences that the claimant is on Glyburide (a sulfonylurea) with a primary indication for use in individuals with type 2 diabetes. It can be determined, based on review of the medical record that a clinical indication for this study does exist.

Thyroid Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 23, 64.

Decision rationale: The guidelines support periodic lab monitoring of specific panels (CBC and chemistry, including liver and renal functions) in select clinical settings based on the clinical presentation including the diagnosis and medications. The record references a diagnosis of hypertension and benign hypertensive heart disease. The medical record provides no clinical information, diagnosis, symptoms, or a narrative to support the necessity of a thyroid panel in this setting. Based on the information available, this request is not supported by the guidelines and not substantiated by the medical record and the request is not medically necessary.

Gamma-Glutamyl Transpeptidase (GGTP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 23, 64.

Decision rationale: The guidelines support periodic lab monitoring of specific panels (CBC and chemistry, including liver and renal functions) in select clinical settings based on the clinical presentation including the diagnosis, and medications. The record references a diagnosis of hypertension and benign hypertensive heart disease. The medical record provides no clinical information, diagnosis, symptoms, or a narrative, to support the necessity of a GGTP study in this setting. Based on the information available, this request is not supported by the guidelines and not substantiated by the medical record. Therefore, the request is not medically necessary.

Serum Ferritin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 23, 64.

Decision rationale: The guidelines support periodic lab monitoring of specific panels (CBC and chemistry, including liver and renal functions) in select clinical settings based on the clinical presentation including the diagnosis, and medications. The record references diagnoses of hypertension and benign hypertensive heart disease. The medical record provides no clinical information, diagnosis, symptoms, or a narrative to support the necessity of a serum Ferritin level in this setting, and there is no noted diagnosis of anemia for which the known clinical indication for this study would exist. Based on the information available, this request is not supported by the guidelines, not substantiated by the medical record, and is not medically necessary.

Vitamin D: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 23, 64.

Decision rationale: The guidelines support periodic lab monitoring of specific panels (CBC and chemistry, including liver and renal functions) in select clinical settings based on the clinical presentation including the diagnosis, and medications. The record references a diagnosis of hypertension and benign hypertensive heart disease. The medical record provides no clinical information, diagnosis, symptoms, or a narrative to support the necessity of a vitamin D study in this setting, and the medical record provides no documentation of a diagnosis of a vitamin D deficiency for which a known indication for this study would be supported. Based on the information available, this request is not supported by the guidelines and not substantiated by the medical record and therefore the request is not medically necessary.

Apolipoprotein A/B: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 23, 64.

Decision rationale: The guidelines support periodic lab monitoring of specific panels (CBC and chemistry, including liver and renal functions) in select clinical settings based on the clinical presentation including the diagnosis and medications. The record references a diagnosis of hypertension and benign hypertensive heart disease. The medical record provides documentation

of the history of heart disease, and the claimant is currently on Simvastatin and Fenofibrate, both indicated to treat high cholesterol and triglycerides. This study is utilized primarily as an indicator for the risk of heart disease. When noting that the claimant is currently on a medication primarily used to treat elevated cholesterol and triglycerides, it appears that the risk has already been established for which treatment has already been initiated. Without specific documentation of the diagnosis, history, or narrative to substantiate the necessity of the Apolipoprotein A/B study, this request is not supported by the guidelines, not substantiated by the medical record, and is not medically necessary.

Enalapril (2mg, twice per day): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 23, 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational (updated 02/20/14); Hypertensive Treatment

Decision rationale: The guidelines support the use of ace inhibitors as a first-line treatment in step therapy for hypertension. The only diagnosis noted in the medical history is that of hypertensive heart disease and hypertension. The diagnosis of diabetes is not specifically noted, but inferred based on the clinical information including medications, and lab results provided. When noting the claimant's diabetic history and concurrent hypertension, and that the first-line recommendation for the treatment of hypertension in a diabetic is an ace inhibitor, there is a clinical indication for the use of this medication. Though the claimant appears to be on multiple medications for treatment of the noted diagnosis, the class that this medication belongs to would be the primary class of medication initiated. As such, the request is medically necessary.

Glyburide: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 23, 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational (updated 02/20/14); Hypertensive Treatment

Decision rationale: The only diagnosis noted in the medical history is that of hypertensive heart disease and hypertension. The diagnosis of diabetes is not specifically noted, but inferred based on the clinical information including medications and lab results provided. While it appears that the claimant does carry a diabetes diagnosis, there are other diabetic medications referenced in the medical record, such as Metformin. The medical record provides no documentation to substantiate the medical necessity of this medication, as the presumptive diagnosis of diabetes alone would not support the use of this medication. Since Glucophage (not Glyburide) would be

the recommended first-line treatment for type 2 diabetes, in the absence of the appropriate documentation of the diagnosis and control/lack of control with clinical details supporting the reason for the addition of this medication, the medical necessity has not been substantiated for this medication. Therefore, this request is not medically necessary.

Terazosin: 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 Official Disability Guidelines (ODG) Diabetes chapter, Hypertension topic

Decision rationale: The MTUS does not provide direction for treatment of hypertension. The Official Disability Guidelines, per the citation above, lists Terazosin as a 5th choice treatment. It is not clear that all of the first 4 choices have been trialed and failed. And, this request is for an unspecific quantity and strength, which does not address the specific treatment in this case, and could imply prolonged use for a medication that is not effective. Terazosin is not medically necessary based on the cited guidelines and the lack of a specific request.

Hydrochlorothiazide (HCTZ, 25mg): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 23, 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational (updated 02/20/14); Hypertensive Treatment

Decision rationale: The guidelines support the use of hydrochlorothiazide as a 3rd addition (following ace inhibitors and calcium channel blockers) for the treatment of step therapy for hypertension in diabetics. However, this individual is on multiple medications, and this medication has multiple indications outside of the diagnosis of diabetes. In the absence of the appropriate clinical documentation of the diagnosis and utility for the use of this medication, there is insufficient clinical data available to substantiate the medical necessity of this medication. Therefore, this request is recommended not medically necessary.