

<b>Case Number:</b>	CM14-0005687		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 50-year-old male who reported an injury on 01/13/2010. The mechanism of injury was not provided in the documentation. Per the clinical note dated 01/14/2014 the injured worker reported a decrease in his gastro esophageal reflux disease while taking the omeprazole. The injured worker had no new complaints. Upon physical exam the injured worker's blood pressure was 140/90. Multiple laboratory studies were performed on 07/09/2013. The diagnoses for the injured worker were reported as essential benign hypertension, benign hypertension HRT, and esophageal reflux. Per the laboratory monitoring performed on 07/09/2013, very few of those labs showed out of normal range values that would indicate the need for repeat laboratory monitoring. The Request for Authorization of medical treatment was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BLOOD WORK (INCLUDES METABOLIC PANEL, CBC LIPID PANEL, HEPATIC FUNCTION PANEL, HEMOGLOBIN A1C, THYROID PANEL, URIC ACID, GGTP SERUM FERRITIN, VITAMIN D AND APOLIPOPROTEIN A/B):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects Page(s):. Decision based on Non-MTUS Citation The Non- MTUS Official Disability Guidelines (ODG), Diabetes, Glucose monitoring. As well as Non- MTUS Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org

**Decision rationale:** The CA MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) for those taking NSAIDs. The guidelines also note there has been a recommendation to measure liver transaminase within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Per the Official Disability Guidelines a hemoglobin A1C should be measured at least twice yearly in all patients with Diabetes and at least 4 times yearly in patients not at target. Per labtestsonline, the requested lab tests are not required more than once a year unless there is a change in condition. Thyroid panel is part of a health checkup or when symptoms suggest hypo or hyperthyroidism due to a condition affecting the thyroid. Uric acid tests are performed when a patient has joint pain or other symptoms that the doctor suspects may be due to gout, when having certain chemotherapy or radiation therapies or recurring kidney stones. The GTTP, serum ferritin, is performed when a physician suspects a patient may have too little or too much iron in the body. Vitamin D tests are performed when there is evidence of bone disease or bone weakness. The apolipoprotein A/B is for to test for high cholesterol triglycerides and/or there is a family history of cardiovascular disease. A lipid panel screening is recommended for adults every 5 years. This is to assess the risk of developing cardiovascular disease. Laboratory monitoring that was performed on 07/09/2013; the patient did not have a change in condition or symptoms that would require repeat laboratory monitoring in less than a 1 year time period. It did not appear the injured worker had any change in condition which would warrant additional laboratory monitoring. The physician's rationale for the request was unclear. Therefore, the request for blood work including a CMP, CBC, lipid panel, hepatic function panel, A1C, thyroid panel, uric acid, GGTP, serum ferritin, vitamin D, and apolipoprotein A/B is not medically necessary.