

<b>Case Number:</b>	CM14-0016911		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	02/27/1990
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal Medicine 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 patient is a 69 year old male who was injured on 02/27/1990. Mechanism of injury is unknown. He carries a diagnosis of hypertension, Crohn's disease and functional stomach disorder. Medications have included Sulfadiazine, Colestia, Zantac, Ramipril, Felodipine and HCTZ. Diagnostic studies reviewed include CBC, lipid panel, hepatic function panel, thyroid panel and ferritin level blood test dated 10/11/2013. The results are as follows: TSH of 5.08, T Uptake 1.310, Total T4 6.57, Total T3 3.1, Free T3 3.1, free T4 0.860, free Thyroxine index 5.0 Ferritin 91.8, Vitamin D 25-OH 29.0, GGT 9, and hemoglobin A1C 4.80. No other diagnostic studies were provided for review. PAR-2 dated 01/10/2014 documented the patient to have his blood pressure under control and feeling well with no complaints. Objective findings on exam HEENT negative. Lungs clear. Heart regular rate and rhythm. Diagnoses: 1. Stomach function disorder Final Determination Letter for IMR Case Number [REDACTED] 2. Hypertension, essential benign Treatment: 1. Ramipril 2. Fenoldipine 3. HCTZ PR-2 dated 03/27/2014 documents the patient is in for refill of his medication. Needs brand name Zantac because the generic did not work. Objective findings reveal chest clear. Heart and lungs negative. Diagnoses: 1. Crohn's disease 2. Hypertension

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HEMOGLOBIN a1c:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medlineplus a Service of the U.S. National Library of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003490.htm>

**Decision rationale:** The CA MTUS guidelines and ODG have not addressed the issue of dispute. Hemoglobin A1c is lab test shows the average level of blood sugar (glucose) over the previous 3 months and it shows the patient diabetes control. The medical records document the patient was diagnosed with Crohn's disease and essential hypertension, lab report was dated 10/11/2013 revealed HGB A1c was within normal limit. As the records failed to document the patient has diabetes mellitus, the request is not medically necessary according to the guidelines.

**THYROID PANEL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thyroid Function Tests: Diagnoses And Monitoring Of Thyroid Function Disorders In Adults. U.S. Department Of Health & Human Services. <http://www.guideline.gov/content.aspx?id=38907>

**Decision rationale:** The CA MTUS guidelines and ODG have not addressed the issue of dispute. Routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicated when non-specific signs and symptoms are present in patients at risk for thyroid disease. The medical records document the patient was diagnosed with Crohn's disease and essential hypertension, lab report was dated 10/11/2013 revealed increase the level of TSH, and normal T3, suggesting subclinical hypothyroidism. As the records failed to document the Final Determination Letter for IMR Case Number [REDACTED] 4 patient has any signs or symptoms related to thyroid disorder, the request is not medically necessary according to the guidelines.

**Gamma-glutamyl transpeptidase (GGT) LAB:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gamma-Glutamyl Transpeptidase. Medline Plus. a service of the U.S. National Library Of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003458.htm>

**Decision rationale:** The CA MTUS guidelines and ODG have not addressed the issue of dispute. GGT is a test to measure the amount of the enzyme GGT in the blood, and it is used to

detect diseases of the liver or bile ducts. It is also done with other tests (such as the ALT, AST, and bilirubin tests) to tell the difference between liver or bile duct disorders and bone disease. The medical records document the patient was diagnosed with Crohn's disease and essential hypertension, lab report was dated 10/11/2013 revealed GGT level was within normal limit. As the records failed to document the patient has any signs or symptoms related to liver disease, further, there is no documentation of alcohol abuse. Therefore, the request is not medically necessary according to the guidelines.

**SERUM FERRITIN LAB:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ferritin Medlineplus A service of the U.S. National Library Of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003490.htm>

**Decision rationale:** The CA MTUS guidelines and ODG have not addressed the issue of dispute. Ferritin is a protein found inside cells that stores iron so your body can use it later. A ferritin test indirectly measures the amount of iron in your blood. Abnormal result can be due to Alcoholic liver disease any blood disorder or long term GI bleeding. The medical records document the patient was diagnosed with Crohn's disease and essential hypertension, lab report was dated 10/11/2013 revealed Ferritin level was within normal limit. Although the patient is diagnosed with Crohn's disease there is no documentation of any recent upper or lower GI bleeding , there is no documentation of any current medication that may lead to GI bleeding, further, the last lab work was dated 10/11/2013 has shown normal levels of HGB and HCT. Some patients with Crohns disease get develop iron deficiency due to poor absorption, however, the patient's hgb and iron studies were recently norma. Therefore, the request is not medically necessary according to the guidelines.

**VITAMIN D, 25 HYDROXY LAB:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 25-Hydroxy Vitamin D Test Medlineplus. A service of the U.S. National Library Of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003569.htm>

**Decision rationale:** The CA MTUS guidelines and ODG have not addressed the issue of dispute. 25-hydroxy vitamin D test is the most accurate way to measure how much vitamin D is in your body. Abnormal result can be due to: Lack of exposure to sunlight, lack of enough vitamin D in the diet, liver and kidney diseases, and poor food absorption, use of certain medicines (i.e. phenytoin, phenobarbital, and rifampin). It can be used to help diagnose hypocalcemia, osteoporosis, and low levels are associated with falls in the elderly. The medical

records document the patient was diagnosed with Crohn's disease and lab report dated 10/11/2013 revealed low level of Vitamin D 25-OH. Unfortunately, there is no documentation of any vitamin-D supplementation, or encouragement to obtain more sunlight as an intervention to the prior lab result, therefore, the request is not medically necessary at this time according to the guidelines.