

Case Number:	CM14-0111349		
Date Assigned:	08/08/2014	Date of Injury:	07/16/2007
Decision Date:	09/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 injured worker is a 58 year-old male who was injured on 07/16/2007 when he was struck on the head while at work; suffering from a traumatic brain injury. The mechanism of injury is unknown. Prior treatment history has included physical therapy, speech therapy, occupational therapy, and counseling. Prior medication history included Keppra, Ambien, Xanax, Vitamin D3 5000, Soma, Norvasc, Norco, Fioricet, Cymbalta, Bystolic and Atorvastatin. Comprehensive lab work revealed glucose 21, creatinine 0.9, sodium 146, Potassium 5.0, liver function test was normal, triglycerides 310, cholesterol 165, HLD cholesterol 41, LDL cholesterol 62, vitamin B12 was 910, vitamin D3 was 34.6, CBC was normal, Keppra level was 17.9, Total testosterone 389, and Free testosterone was 33.2. Progress report dated 03/12/2014 documented the patient presented for annual physical examination. His injury resulted in concussion and subdural hematoma with chronic headaches, dizziness, and pain. Objective findings on exam revealed the patient to ambulate with a single point cane. He is noted to have left hearing loss. He has a small inguinal hernia present that he has had since the age of 13 with no changes. He reported chronic neck and back pain. Neuro exam revealed difficulty attempting to get up from a sitting position. He has good immediate memory but did show decline with remote recall and memory. His mood was depressed and cognitive deficits were noted. He has a history of hypertension, posttraumatic seizure disorder and brain injury. He was instructed to continue with brain injury rehabilitation, continue with medications, low cholesterol diet and begin metagenics to aid in decreasing elevated serum lipids. Prior utilization review dated 06/18/2014 states the request for Metagenics is denied as this product is not intended to treat or prevent any disease, Labs CBC is denied as medical necessity has not been established, Lab CMP, Hepatic Panel is denied as medical necessity has not been established,

Vitamin D QTY is denied as medical necessity has not been established, Lipid Panel, Vitamin B-12 is denied as medical necessity has not been established, and HgbA1c is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metagenics: 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 Other Medical Treatment Guideline or Medical Evidence; <http://www.fallonpharmacy.com/c5/Metagenics-c55.html>.

Decision rationale: The MTUS and ODG do not discuss the issue in dispute. The referenced guidelines do not recommend medications that have not been evaluated by the FDA such as metagenics. These are OTC supplements that have not been shown to be beneficial in the treatment of any disease. The clinical documents do not adequately discuss the indication for the medication outside of current guidelines and general practice. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

CBC Labs: 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 Other Medical Treatment Guideline or Medical Evidence; http://www.medicinenet.com/complete_blood_count/article.htm.

Decision rationale: The MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend CBC when evaluating for certain conditions such as infection or anemia. The clinical documents did not provide a clear indication or rationale for the blood test. It is not evident why the blood test is being ordered and which conditions are being evaluated. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

CMP Lab: 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 Other Medical Treatment Guideline or Medical Evidence; <http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm>.

Decision rationale: The MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend CMP when evaluating for certain conditions such as kidney or liver disease. The clinical documents did not provide a clear indication or rationale for the blood test. It is not evident why the blood test is being ordered and which conditions are being evaluated. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Hepatic Panel: 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 Other Medical Treatment Guideline or Medical Evidence; <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test/>.

Decision rationale: The MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend hepatic panel when evaluating for certain conditions such as liver or gallbladder disease. The clinical documents did not provide a clear indication or rationale for the blood test. It is not evident why the blood test is being ordered and which conditions are being evaluated. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Lipid Panel: 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 Other Medical Treatment Guideline or Medical Evidence; <http://labtestsonline.org/understanding/analytes/lipid/tab/sample/>.

Decision rationale: The MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend lipid when evaluating for certain conditions such as hyperlipidemia or elevated triglycerides. The clinical documents did not provide a clear indication or rationale for the blood test. It is not evident why the blood test is being ordered and which conditions are being evaluated. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Vitamin D: 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 Other Medical Treatment Guideline or Medical Evidence; <http://labtestsonline.org/understanding/analytes/vitamin-d/tab/test>.

Decision rationale: The MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend Vitamin D level when evaluating for Vitamin D deficiency. The clinical documents did not provide a clear indication or rationale for the blood test. It is not evident why the blood test is being ordered and if the patient has been screened previously. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Vitamin B-12: 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 Other Medical Treatment Guideline or Medical Evidence; <http://labtestsonline.org/understanding/analytes/vitamin-b12/tab/sample/>.

Decision rationale: The MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend Vitamin B12 level when evaluating for Vitamin B12 deficiency. The clinical documents did not provide a clear indication or rationale for the blood test. It is not evident why the blood test is being ordered and which conditions are being evaluated. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Hemoglobin A1C: 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 Other Medical Treatment Guideline or Medical Evidence; <http://labtestsonline.org/understanding/analytes/a1c/tab/sample/>.

Decision rationale: The MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend Hemoglobin A1c when evaluating for diabetes or monitoring chronic diabetes. The clinical documents did not provide a clear indication or rationale for the blood test. It is not evident why the blood test is being ordered and if the patient has been previously screened for diabetes. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.