

Case Number:	CM14-0175517		
Date Assigned:	11/05/2014	Date of Injury:	07/21/2004
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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:

There are 3 handwritten progress notes in the medical records submitted for review. The first dated January 21, 2014, the second dated April 15, 2014, and the most recent dated July 15, 2014. All 3 progress notes have the documented diagnosis of essential hypertension (401.1). Pursuant to the progress note dated July 15, 2014, the injured worker's subjective complaints are documented as: no new complaints, feels good, and blood pressure (BP) controlled with medications. Documented objective findings include: Neck (-), has normal lungs/clear, ext (-). The treatment plan includes Ramipril 10mg BID #200, Discontinue Losartan, start Felodipine ER 5mg QD in the AM #100. Check BP daily in the AM once a week, and call office after 1 week with results. Gemfibrozil 600mg BID, and increase Omega-3 QAM QID. No additional information was provided. There was no work-related injury documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Apolipoprotein A, Apolipoprotein B, Total T3, T4, T3 Uptake, T3 Free, Free Thyroxine, Hepatic Function Panel, Uric Acid, Vitamin D, 23 Hydroxy, Serum Ferritin, Gamma-Glutamyl Transpeptidase (GGPT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults From the Panel Members Appointed to the

Eighth Joint National Committee (JNC 8). JAMA. 2014;311(5)507-520. and J Clin Endocrinol Metab. 1990

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drugs and Adverse Effects Page(s): 70.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, the routine blood tests Apolipoprotein A, Apolipoprotein B, Total T3, T4, T3 Uptake, T3 Free, Free Thyroxine, Hepatic Function Panel, Uric Acid, Vitamin D, 23 Hydroxy, Serum Ferritin, and Gamma-Glutamyl Transpeptidase (GGPT) are not medically necessary. The guidelines state individuals taking non-steroidal anti-inflammatory drugs routine suggested monitoring includes the CBC and chemistry profiles. Recommendations include 4 to 6 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, there are three handwritten progress notes. The progress notes do not contain a work-related injury. The diagnosis on the progress notes is essential hypertension. Essential hypertension is not a work-related diagnosis. There was an entry to start Felodipine 5 mg ER once daily in the morning #100. There is no relation/indication to ordering Apolipoprotein A, Apolipoprotein B, Total T3, T4, T3 Uptake, T3 Free, Free Thyroxine, Hepatic Function Panel, Uric Acid, Vitamin D, 23 Hydroxy, Serum Ferritin, and Gamma-Glutamyl Transpeptidase (GGPT). Consequently, this request for Labs is not medically necessary.