

Case Number:	CM14-0032546		
Date Assigned:	06/20/2014	Date of Injury:	02/21/2008
Decision Date:	08/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 Pennsylvania. 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 67-year-old with a date of injury of February 21, 2008. The submitted and reviewed documentation did not identify the mechanism of injury. No medical records from 2014 were submitted for review. Office visit notes by [REDACTED] dated August 6, 2013 and November 12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 characterized the worker as feeling and doing well, without new complaints, although the worker reported to [REDACTED] that he was having chest palpitations when asked. Documented examinations were consistently reported to be normal with the exception of an S4 heart sound consistently heard by [REDACTED]. An echocardiogram performed on September 11, 2013 showed an ejection fraction of 40-45% with mild mitral valve regurgitation. [REDACTED] had described the workers ejection fraction as "stable at 45%" in his note dated August 6, 2013. Blood tests obtained on November 12, 2013 were generally normal except the total bilirubin level was mildly elevated. [REDACTED] corresponding note did not address the reasons these tests were obtained or their results. [REDACTED] notes dated August 6, 2013 and November 12, 2013 concluded the worker was suffering from high blood pressure, heart disease, and a prior skin cancer involving the scalp and/or neck. [REDACTED] reports concluded the worker's conditions included diabetes, ischemic heart disease with a prior heart attack and interventions, a type of high cholesterol, and high blood pressure. The documentation indicated the worker had been treated with bypass surgery and heart artery stents in the past, enhanced external counterpulsation (EECP) approximately a year ago, and medications. The recorded medications included allopurinol, carvedilol, rosuvastatin, spironolactone, isosorbide, losartan, and clopidogrel. The submitted and reviewed documentation recommended continued use of the medications without changes, dietary counseling, monitoring by a podiatrist and ophthalmologist, and blood testing to check the hemoglobin A1c every three months. A

Utilization Review decision by [REDACTED] was rendered on February 27, 2014 recommending non-certification for venipuncture, basic metabolic panel, hepatic function panel, uric acid, gamma-glutamyl transferase (GGTP), serum ferritin, 25-hydroxy-vitamin D, hemoglobin A1c, apolipoprotein A, and apolipoprotein B.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venipuncture: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Venipuncture Blood-draw: phlebotomy why the test is preformed(<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003898/Venipuncture>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Allopurinol: Drug Information, Topic 8439, Version 97.0, UpToDate, and Carvedilol: Drug Information, Topic 9208, Version 124.0, UpToDate.

Decision rationale: Venipuncture is the procedure used to obtain blood from a person for testing. Office visit notes by [REDACTED] dated August 6, 2013 and November 12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 reported the worker's treatment plan included the medications allopurinol, carvedilol, rosuvastatin, spironolactone, isosorbide, losartan, and clopidogrel for the control of heart issues and high blood pressure. The MTUS Guidelines are silent as to the issue of blood testing in this clinical setting. Studies of losartan, spironolactone, carvedilol, and allopurinol support guideline recommendations for periodic monitoring of kidney function, liver function, and/or the body's salt balance during therapy with these medications. The submitted and reviewed documentation suggested the most recent monitoring was done on November 12, 2013. The request for Venipuncture is medically necessary and appropriate.

Basic metabolic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Basic Metabolic Panel (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003934/>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Allopurinol: Drug Information, Topic 8439, Version 97.0, UpToDate, and Carvedilol: Drug Information, Topic 9208, Version 124.0, UpToDate.

Decision rationale: Office visit notes by [REDACTED] dated August 6, 2013 and November 12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 reported the worker's treatment plan included the medications allopurinol, carvedilol, rosuvastatin, spironolactone, isosorbide, losartan, and clopidogrel for the control of heart issues and high blood pressure. The MTUS Guidelines are silent as to the issue of blood testing in this clinical setting. Studies of losartan, spironolactone, carvedilol, and allopurinol support guideline recommendations for periodic monitoring of kidney function and/or the body's salt balance during therapy with these medications. The submitted and reviewed documentation suggested the most recent monitoring was done on November 12, 2013. The request for a basic metabolic panel is medically necessary and appropriate.

Hepatic function panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Liver Function: Test selection and interpretation of results (<http://www.ncbi.nlm.nih.gov/pubmed/12134466>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Allopurinol: Drug Information, Topic 8439, Version 97.0, UpToDate, and Carvedilol: Drug Information, Topic 9208, Version 124.0, UpToDate.

Decision rationale: Office visit notes by [REDACTED] dated August 6, 2013 and November 12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 reported the worker's treatment plan included the medications allopurinol and carvedilol for the control of heart issues and high blood pressure. The MTUS Guidelines are silent as to the issue of blood testing in this clinical setting. Studies of carvedilol and allopurinol support guideline recommendations for periodic monitoring of liver function during therapy with these medications. The submitted and reviewed documentation suggested the most recent monitoring was done on November 12, 2013. The request for hepatic function panel is medically necessary and appropriate.

Uric acid: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uric acid- blood (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003947/>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Allopurinol: Drug Information, Topic 8439, Version 97.0, UpToDate, and Carvedilol: Drug Information, Topic 9208, Version 124.0, UpToDate.

Decision rationale: Office visit notes by [REDACTED] dated August 6, 2013 and November 12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 reported the worker's treatment plan included the medication carvedilol for the control of heart issues and high blood pressure. The MTUS Guidelines are silent as to the issue of blood testing in this clinical setting. Studies of carvedilol have demonstrated a low percentage of people can develop high serum uric acid as a side effect of this medication. The submitted and reviewed documentation suggested the most recent monitoring of this issue was done on November 12, 2013. The request for uric acid is medically necessary and appropriate.

Gamma-glutamyl transferase (GGTP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gamma-glutamyl transpeptidase Gamma-GT(<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003930/>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Allopurinol: Drug Information, Topic 8439, Version 97.0, UpToDate, and Carvedilol: Drug Information, Topic 9208, Version 124.0, UpToDate.

Decision rationale: Office visit notes by [REDACTED] dated August 6, 2013 and November

12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 reported the worker's treatment plan included the medication carvedilol for the control of heart issues and high blood pressure. The MTUS Guidelines are silent as to the issue of blood testing in this clinical setting. Studies of carvedilol have described a very low percentage of people can develop increased levels of gamma-glutamyl transferase (GGTP) as a side effect from this medication. However, it would be quite unlikely for this to occur without symptoms and/or similar increases in other blood tests that are routinely monitored during treatment. The submitted and reviewed documentation did not report any concerning findings. The request for GGTP is not medically necessary or appropriate.

Serum ferritin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ferretin (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003961>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Regulation of iron balance, by Camaschella C, et al, Topic 7105, Version 40.0, UpToDate, as well as Clopidogrel: Drug Information, Topic 8921, Version 113.0, UpToDate.

Decision rationale: Office visit notes by [REDACTED] dated August 6, 2013 and November 12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 reported the worker's treatment plan included the medication clopidogrel for the control of heart issues. Serum ferritin is a protein in the blood that stores iron and releases it when the body needs more iron, such as during and after bleeding. The level can increase when the body is under physical stress, such as with infection or inflammation. The presence of very low serum ferritin levels suggests the body does not have enough iron. The presence of increased serum ferritin levels suggests the body is physically stressed and/or the body has too much iron. While studies of clopidogrel have shown an increased risk of bleeding as a potential side effect, the submitted and reviewed documentation does not record any concerning findings of this. Guidelines do not recommend routine monitoring of serum ferritin during therapy with clopidogrel. Prior blood tests performed on November 12, 2013 showed normal serum ferritin levels. The reviewed documentation did not indicate a history of prior issues with iron in the body. The request for serum ferritin is not medically necessary or appropriate.

Vitamin D 25 hydroxy (calcifediol): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blood 25-hydroxy Vitamin D levels and incident type 2 diabetes: a meta-analysis of prospective studies (<http://www.ncbi.nlm.nih.gov/pubmed/23613602/>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Overview of Vitamin D, by Pazirandeh S, et al. Topic 2033, Version 17.0, UpToDate, as well as the Vitamin D Fact Sheet for Health Professionals, NIH, Office of Dietary Supplements.

Decision rationale: The MTUS Guidelines are silent as to the issue of blood testing for the 25-hydroxy-vitamin D level in the setting of high blood pressure and heart issues. Vitamin D helps absorb calcium from the gut into the blood and maintains an important balance in the blood

between the levels of calcium and phosphate. These roles are primarily important for healthy bone growth and normal bone remodeling. The 25-hydroxy-vitamin D level is a good marker for the status of vitamin D in the body. The submitted and reviewed documentation did not indicate a reason this blood test was needed. Guidelines do not recommend routine monitoring of this level as a part of the worker's reported conditions or during therapy with the documented medications. There was no record of prior abnormal 25-hydroxy-vitamin D levels or a concern about low or high amounts of vitamin D in the worker's body. The request for Vitamin D 25 hydroxy (calcifediol) is not medically necessary or appropriate.

Glycohemoglobin A1C: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HbA1c (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004106/>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Glycemic Control and Vascular Complications in Type 2 Diabetes Mellitus, by McCulloch DK, et al.; Topic 1760, Version 18.0, UpToDate.

Decision rationale: Office visit notes by [REDACTED] dated August 6, 2013 and November 12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 concluded the worker was suffering from high blood pressure and heart issues. [REDACTED] reports also described the presence of diabetes and recommended monitoring the hemoglobin A1c level every three months. The MTUS Guidelines are silent as to the issue of blood testing for the hemoglobin A1c level in this setting. Several large studies have shown glycemic control in the setting of diabetes can decrease heart complications, such as heart attacks, although the intensity of appropriate control remains controversial. The submitted and reviewed documentation suggested the most recent monitoring was done on November 12, 2013. The request for Glycohemoglobin A1C is medically necessary and appropriate.

Apolipoprotein A: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The contribution of ApoB and ApoA1 measurements to cardiovascular risk assessment (<http://www.ncbi.nlm.nih.gov/pubmed/18333887>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS. Lipoprotein(a) and Cardiovascular Disease, by Rosenson RS, et al; Topic 4566, Version 18.0, UpToDate.

Decision rationale: The MTUS Guidelines are silent as to the issue of the use of blood testing for the apolipoprotein A level. Apolipoproteins are involved with carrying cholesterol and fats in the blood and may play an indirect role in the process that causes clogged heart arteries. The literature supports guideline recommendations for monitoring this test only when there is heart disease and no other issue with cholesterol in the blood, a strong family history of heart disease and no other issue with cholesterol in the blood, or control of cholesterol in the blood is resistant to appropriate medications. Office visit notes by [REDACTED] dated August 6, 2013 and November 12, 2013 and cardiology reports by [REDACTED] dated August 15, 2013 and September 19, 2013 concluded the worker was suffering from high blood pressure and heart issues. The submitted documentation did not describe the worker's medical family history. [REDACTED]

██████████ reports suggested the presence of abnormal cholesterol levels, and recorded treatment plans consistently included medication for high cholesterol in the blood. The submitted documentation did not indicate a reason this testing was needed. The request for Apolipoprotein A is not medically necessary or appropriate.

Apolipoprotein B: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The contribution of ApoB and ApoA1 measurements to cardiovascular risk assessment (<http://www.ncbi.nlm.nih.gov/pubmed/18333887>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Measurement of Blood Lipids and Lipoproteins, by Rosenson RS, et al. Topic 4556, Version 13.0, UpToDate.

Decision rationale: The MTUS Guidelines are silent as to the issue of the use of blood testing for the apolipoprotein B level. Apolipoproteins are involved with carrying cholesterol and fats in the blood and may play an indirect role in the process that causes clogged heart arteries. The literature supports guidelines, including the 2010 American College of Cardiology Foundation/American Heart Association guideline, that recommend against routine monitoring of the apolipoprotein B level in people with heart issues. Office visit notes by ██████████ dated August 6, 2013 and November 12, 2013 and cardiology reports by ██████████ dated August 15, 2013 and September 19, 2013 concluded the worker was suffering from high blood pressure and heart issues. The submitted documentation did not indicate a reason this testing was needed. The request for Apolipoprotein B is not medically necessary or appropriate.