

Case Number:	CM14-0034819		
Date Assigned:	07/23/2014	Date of Injury:	04/07/2000
Decision Date:	09/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Pulmonary and is licensed to practice in New York. 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 68 year old male with a date of injury on 04/07/2000. On 06/10/2009 he had a mitral valve replacement and closure of a patent foramen ovale. He has hyperlipidemia, hypertension, left ventricular hypertrophy, squamous cell skin cancer, erectile dysfunction and episodes of atrial fibrillation. On 09/25/2013 he had a heart murmur. His chronic atrial fibrillation was under good control. On 10/01/2013 the liver function tests (including GGT), apolipoprotein, glucose, HBA1c, Hb, Hct, Ferritin and Vitamin D were all normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tamoxifen 0.4 mg a day: 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: Harrison's Principles of Internal Medicine, 18th Edition, 2011. and FDA approved packet insert, Tamoxifen.

Decision rationale: There are no MTUS guidelines for this. There is no documentation provided for review that this patient had breast cancer. Breast cancer is the only FDA approved

indication for Tamoxifen. It is used in those patients who have been diagnosed and treated for breast cancer to prevent a recurrence.

Hemoglobin A1c: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Periodic Lab Page(s): 23, 64.

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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: MTUS guidelines do not address this. The patient had a HbA1c of 5 and a glucose of 98. Both were normal. He does not have diabetes. A comprehensive metabolic panel was already approved and that would contain a glucose measurement. There was no elevated glucose in the documentation provided for review. Patients with a normal glucose and normal HbA1c do not have diabetes and monitoring the HbA1c is not indicated.

GGT: Upheld

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

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: Harrison's Principles of Internal Medicine.

Decision rationale: MTUS guidelines do not address this request. The previous GGT was normal. All of the liver function tests were normal. There is no documentation of bile duct obstruction. The alkaline phosphatase is normal. A repeat liver function test was already approved. GGT is used to evaluate the patient when the alkaline phosphatase is elevated. There is no indication for continued monitoring of the GGT. The request is not medically necessary and appropriate.

Ferritin: Upheld

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

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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: MTUS guidelines do not address this request. His last Ferritin was normal. There is no documentation of hemochromatosis or anemia. The last Hb and Hct were normal. In

the absence of iron deficiency anemia and hemochromatosis there is not documented indication for monitoring the ferritin. The request is not medically necessary and appropriate.

Vitamin D Level: Upheld

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

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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: The most recent vitamin D level was normal. He does not have Vitamin D deficiency. There is no indication for monitoring the vitamin D level. The request is not medically necessary and appropriate.

Apolipoprotein: Upheld

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

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: 1. Braunwald E, Zipes DP, Libby P. Heart Disease: A Textbook of Cardiovascular Medicine, 7th Edition. 2008. 2. NIH. Third Report of the National Cholesterol Education Program: Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. NIH Publication No. 01-3670. May 2001. 3. US Preventive Services Task Force Recommendation Statement: Agency for Healthcare Research and Quality; 2008, June.

Decision rationale: MTUS guidelines do not address this. The most recent apolipoprotein was normal. NIH guidelines do not identify apolipoprotein as a test needed to manage patients with hyperlipidemia. He was treated with Lipitor and his lipids were monitored with a lipid panel as recommended by the NIH. The request is not medically necessary and appropriate.