

Case Number:	CM14-0046987		
Date Assigned:	08/08/2014	Date of Injury:	04/07/2000
Decision Date:	10/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 73-year-old gentleman was reportedly injured on April 7, 2000. The most recent relevant progress note was dated January 14, 2014 and indicated that the injured employee was feeling well and his blood pressure was under control. The physical examination demonstrated a normal cervical and pulmonary examination. There was an irregular heart rhythm. The medications prescribed included Ramapo, hydrochlorothiazide, Verelan and Pradaxa. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included lumbar spine surgery. A request had been made for hemoglobin A1C, thyroid panel, uric acid, gamma-glutamyl transferase (GGT), serum ferritin, vitamin D, Apolipoprotein A/B, metabolic panel, complete blood count (CBC), lipid panel, hepatic functional panel, Verelan, Pradaxa and Hytrin and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request of Hemoglobin A1C, Thyroid Panel, Uric Acid, GGT, Serum Ferritin, Vitamin D, Apolipoprotein A/B, Metabolic Panel, CBC, Lipid Pane, Hepatic Functional 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 <http://www.ccjm.org/content/75/9/663.full>

Decision rationale: Routine laboratory testing for hypertension includes hemoglobin and hematocrit, urinalysis, serum electrolytes, creatinine, glucose, fasting lipids, and in some cases uric acid, calcium, and thyroid stimulating hormone. There is no indication for GGT, serum keratin, vitamin D, and Apolipoprotein A/B. As such, this request for hemoglobin A1C, thyroid panel, uric acid, GGT, serum ferritin, vitamin D, Apolipoprotein A/B, metabolic panel, CBC, lipid panel, and hepatic functional panel is not medically necessary.

Verelan 180mg: Overturned

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 <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684030.html>

Decision rationale: Verelan (Verapamil) is a high blood pressure medication. The injured employee stated to have high blood pressure and it is currently controlled using this medication. As such, this request for Verelan is medically necessary.

Pradaxa (Dose and QTY Unknown): Overturned

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 <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a610024.html>

Decision rationale: Pradaxa is a medication used for the treatment of deep vein thrombosis and pulmonary embolism as well as to reduce the risk of these events. It can also be used to help prevent stroke or severe blood clots in individuals who have atrial fibrillation. The attached medical record does indicate that the injured employee has an irregular heart rhythm. As such, this request for Pradaxa is medically necessary.

Hytrin (Dose and QTY Unknown): Overturned

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 <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693046.html>

Decision rationale: Hytrin is a medication used to treat benign prostatic hyperplasia or alone or in combination with other medications to treat high blood pressure. The injured employee stated to have high blood pressure, which is well controlled using this medication. As such, this request for Hytrin is medically necessary.