

Case Number:	CM14-0200061		
Date Assigned:	01/13/2015	Date of Injury:	09/30/2003
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 61 year old male with an injury date of 09/30/03. Based on 10/22/14 progress report, the patient complains of moderate to severe back pain. During examination of the lumbar spine, it is noted that the patient has difficulty walking, changing positions, and getting on the exam table. There is tenderness in the lumbar paraspinal region along with muscle spasm. Range of motion is painful, restricted and guarded. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. Medications, as per progress report dated 10/22/14, include Norco and Norflex. As per progress report dated 07/23/14, the patient was encouraged to continue a home exercise regimen to maintain muscle strength and lower the risk of atrophy. The patient has also benefited from acupuncture, as per progress report dated 06/11/14. The patient's condition is currently permanent and stationary, as per progress report dated 10/22/14. Diagnoses, 10/22/14:- Severe osteoarthritis in the right shoulder joint- Moderate osteoarthritis in the left shoulder joint- Moderate to severe disc collapse, loss of cervical lordosis, and moderate to severe foraminal stenosis- Disc collapse and Spondylolisthesis- Severe disc desiccation at L2-3, L3-4 and L4-5- Moderate disc desiccation L5-S1- Moderate neural foraminal stenosis at L2-3, L3-4 and L4-5- Status post right shoulder total arthroplasty 2007. The treater is requesting for (a) TOTAL T3 (b) T4 TOTAL THYROXINE (c) T3 UPTAKE (d) T3 FREE (e) FREE THYROXINE (f) TSH (g) GLUTAMYL TRANSFERASE, GAMMA (GGTP) (h) SERUM FERRITIN (i) VITAMIN D, 25 HYDROXY (j) GLYCO HEMOGLOBIN A1C (k) NILOTINIB 60 mg SIXTY COUNT (l) PHOSPHO NEUTRAL 600 mg THIRTY COUNT. The utilization review determination being challenged is dated 11/17/14. Treatment reports were provided from 07/12/09 - 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total T3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for TOTAL T3. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM and ODG guidelines are silent on thyroid tests. Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039, allows for Thyroid function tests (T3, T4, TSH) for the evaluation of obese or overweight individuals. As per the available progress reports, the patient underwent Total T3 test on 07/12/09, 02/10/12, and 08/23/14, and the results were within the normal range. The patient weighs 205 lbs and is 70 inches tall. These numbers indicate that the patient may be overweight. However, the progress reports do not discuss the patient's weight problems or any other symptoms which may warrant a thyroid function test. Hence, the request IS NOT medically necessary.

T4 total Thyroxine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for T4 TOTAL THYROXINE. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM and ODG guidelines are silent on thyroid tests. Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039, allows for Thyroid function tests (T3, T4, TSH) for the evaluation of obese or overweight individuals. As per the available progress reports, the patient underwent T4 total thyroxine test on 02/10/12, and 08/23/14, and the results were within the normal range. The patient weighs 205 lbs and is 70 inches tall. These numbers indicate that the patient may be overweight. However, the progress reports do not discuss the

patient's weight problems or any other symptoms which may warrant a thyroid function test. Hence, the request IS NOT medically necessary.

T3 uptake: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for T3 UPTAKE. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM and ODG guidelines are silent on thyroid tests. Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039, allows for Thyroid function tests (T3, T4, TSH) for the evaluation of obese or overweight individuals. As per the available progress reports, the patient underwent T3 uptake test on 07/12/09, and 08/23/14, and the results were within the normal range. The patient weighs 205 lbs and is 70 inches tall. These numbers indicate that the patient may be overweight. However, the progress reports do not discuss the patient's weight problems or any other symptoms which may warrant a thyroid function test. Hence, the request IS NOT medically necessary.

T3 Free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for T3 FREE. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM and ODG guidelines are silent on thyroid tests. Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039, allows for Thyroid function tests (T3, T4, TSH) for the evaluation of obese or overweight individuals. As per the available progress reports, the patient underwent T3 Free test on 07/12/09 and 08/23/14, and the results were within the normal range. The patient weighs 205 lbs and is 70 inches tall. These numbers indicate that the patient may be overweight. However, the progress reports do not discuss the patient's weight problems

or any other symptoms which may warrant a thyroid function test. Hence, the request IS NOT medically necessary.

Free Thyroxine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for FREE THYROXINE. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM and ODG guidelines are silent on thyroid tests. Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039, allows for Thyroid function tests (T3, T4, TSH) for the evaluation of obese or overweight individuals. As per the available progress reports, the patient underwent Free Thyroxine test on 07/12/09 and 08/23/14, and the results were within the normal range. The patient weighs 205 lbs and is 70 inches tall. These numbers indicate that the patient may be overweight. However, the progress reports do not discuss the patient's weight problems or any other symptoms which may warrant a thyroid function test. Hence, the request IS NOT medically necessary.

TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for TSH. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM and ODG guidelines are silent on thyroid tests. Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039, allows for Thyroid function tests (T3, T4, TSH) for the evaluation of obese or overweight individuals. As per the available progress reports, the patient underwent TSH test on 07/12/09, 02/10/12, and 08/23/14, and the results were within the normal range. The patient weighs 205 lbs and is 70 inches tall. These numbers indicate that the patient may be overweight. However, the progress reports do not discuss the patient's weight

problems or any other symptoms which may warrant a thyroid function test. Hence, the request IS NOT medically necessary.

Glutamyltransferase, gamma (GTTP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab Treatments Section Page(s): 23 and 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: MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003458.htm>.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for GLUTAMYL TRANSFERASE, GAMMA (GGTP). The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM, ODG and Aetna guidelines are silent on Gamma Glutamyl transferase testing. However, MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003458.htm> states that "Gamma-glutamyl transpeptidase (GGT) is a test to measure the amount of the enzyme GGT in the blood." The website also states that "This test is used to detect diseases of the liver or bile ducts. It is also done with other tests (such as the ALT, ALP, and bilirubin tests) to tell the difference between liver or bile duct disorders and bone disease. It may also be done to screen for or monitor alcohol abuse." A review of the available progress reports indicates that the patient underwent GGT, ALP and ALT testing on 08/23/13 and 02/10/12, and the results were within the normal range. The progress reports do not discuss any liver or bile duct related symptoms. There is no documentation of alcohol abuse as well. The purpose of this test is not clear. Hence, the request IS NOT medically necessary.

Serum ferritin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003490.htm>.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for SERUM FERRITIN. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM, ODG and Aetna guidelines are silent on Serum Ferritin testing. However, MedlinePlus, A service of the U.S. National Library of Medicine, at

<http://www.nlm.nih.gov/medlineplus/ency/article/003490.htm> states that "Ferritin is a protein found inside cells that stores iron so your body can use it later. A ferritin test indirectly measures the amount of iron in your blood. " The website also states that "Your doctor may order this test if you have signs or symptoms of anemia due to low iron." A review of the available progress reports indicates that the patient underwent Serum Ferritin testing on 08/23/13 and the results were within the normal range. The progress reports do not discuss any anemia symptoms. The purpose of this test is not clear. Hence, the request IS NOT medically necessary.

Vitamin D, 25 hydroxy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complimentary, Alternative Treatments or Dietary Supplements, Etc.

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: MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003569.htm> Official Disability Guidelines (ODG) chapter 'Pain (chronic)' and topic 'Vitamin D (cholecalciferol).'

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for VITAMIN D, 25 HYDROXY. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM guidelines are silent on 25-Hydroxy Vitamin D testing. However, MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003569.htm> states that "The 25-hydroxy vitamin D test is the most accurate way to measure how much vitamin D is in your body." The website also states that "In the kidney, 25-hydroxy vitamin D changes into an active form of the vitamin. The active form of vitamin D helps control calcium and phosphate levels in the body." ODG guidelines, chapter 'Pain (chronic)' and topic 'Vitamin D (cholecalciferol)', has the following: "Not recommended for the treatment of chronic pain based on recent research below. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels." A review of the available progress reports indicates that the patient underwent 25-Hydroxy Vitamin D testing 08/23/13 and the value was lower than the normal range. The progress reports do not discuss any concerns regarding Vit D level and what is being done about it. However, given the abnormal results in the prior test, it may be reasonable to recheck the value again. ODG recognizes that low Vit D level is found in chronic pain population and may need to be monitored. This request IS medically necessary.

Glyco hemoglobin A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm>.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for GLYCO HEMOGLOBIN A1C. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM, ODG and Aetna guidelines are silent on Glyco Hemoglobin A1C testing. However, MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm> states that "A1C is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It shows how well you are controlling your diabetes. " The website also states that "Your doctor may order this test if you have diabetes. It shows how well you are controlling your diabetes. The test may also be used to screen for diabetes." A review of the available progress reports indicates that the patient underwent Glyco Hemoglobin A1C testing on 08/23/13 and 02/10/12, and the results were within the normal range. The progress reports do not discuss symptoms or diagnosis of diabetes. The purpose of this test is not clear. Hence, the request IS NOT medically necessary.

Nilotinib 60 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm>.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for NILOTINIB 60 mg SIXTY COUNT. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM, ODG and Aetna guidelines are silent on Nilotinib. However, MedlinePlus, A service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a608002.html> states that "Nilotinib is used to treat certain types of chronic myeloid leukemia (CML; a type of cancer of the white blood cells), including treatment in people whose disease could not be treated successfully with imatinib (Gleevec) or people who cannot take imatinib. Nilotinib is in a class of medications called kinase inhibitors. It works by blocking the action of the abnormal protein that signals cancer cells to multiply. This helps to stop or slow the spread of cancer cells. " A prescription for Nilotinib is first noted in progress report dated 02/21/14. The patient has received the medication multiple times. The latest request was seen in progress report dated 08/22/14. However, none of the available progress reports discuss a diagnosis or history of leukemia. The reports do not have

the information required to make a determination on this request. Hence, it IS NOT medically necessary.

Prospho Neutral 600 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complimentary, Alternative Treatments, or Dietary Supplements, Etc.

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: Drugs.com, at <http://www.drugs.com/cons/phospha-250-neutral-oral-parenteral.html>.

Decision rationale: The patient presents with moderate to severe back pain characterized by tenderness and spasms in the lumbar paraspinal region and painful, limited and guarded range of motion, as per progress report dated 10/22/14. The request is for PHOSPHO NEUTRAL 600 mg THIRTY COUNT. The patient has also been diagnosed with hypertension, as per progress report dated 08/22/14. MTUS, ACOEM, ODG and Aetna guidelines are silent on Phospho Neutral. However, Drugs.com, at <http://www.drugs.com/cons/phospha-250-neutral-oral-parenteral.html>, states that "Phosphates are used as dietary supplements for patients who are unable to get enough phosphorus in their regular diet, usually because of certain illnesses or diseases." In this case, the UR letter states that the request is for Prospho Neutral 600 mg. However, the progress report dated 08/22/14 states that the request is for Phospho Neutral 600 mg. A prescription for this medication was first noted in progress report dated 02/21/14. The patient has received the medication multiple times since then. The latest request was seen in progress report dated 08/22/14. However, none of the available progress reports discuss phosphorous deficiency. The reports do not have the information required to make a determination on this request. Hence, it IS NOT medically necessary.