

<b>Case Number:</b>	CM15-0012384		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/24/2005
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Montana

Certification(s)/Specialty: Internal Medicine, Infectious Disease

### 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 57-year-old female who sustained an industrial injury on 04/24/2005. The injured worker was undergoing treatment for hypertension and diabetes mellitus. In a request for authorization dated 01/07/2015, the injured worker reported compliance with her medications for diabetes and hypertension. The injured worker reported home glucose values ranging 90 to 110. The prior medical history included hypertension, diabetes mellitus, hyperlipidemia and hypothyroidism. Physical examination was remarkable for a blood pressure of 128/82, heart with regular rate and rhythm; lungs clear to auscultation and obese abdomen without tenderness or distention. The physician noted that the injured worker's diabetes was currently well controlled on Metformin 500 mg twice a day on a low carbohydrate diet. The injured worker's blood pressure was well controlled on Lisinopril 20 mg a day. The treatment plan included a continuation of the current medication regimen and laboratory studies including a urinalysis, CMP, CBC, lipid panel and HgA1c. A Request for Authorization Form was then submitted on 01/07/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Metabolic Panel ( CMP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (updated 12/03/2014), Pubmedhealth.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015.

**Decision rationale:** According to the American Association for Clinical Chemistry, the comprehensive metabolic panel is used as a broad screening tool to evaluate organ function and to assess for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension and kidney or liver related side effects from specific medications. In this case, it is noted that the injured worker is currently utilizing lisinopril, metformin, simvastatin, and aspirin. The injured worker does have a medical history significant for hypertension, diabetes, hyperlipidemia, and hypothyroidism. However, there was no documentation of any signs or symptoms suggestive of an abnormality to support the necessity for repeat testing. The injured worker underwent extensive laboratory testing to include a CMP, CBC, Lipid Panel, and urinalysis in 08/2014. There is insufficient information provided by the healthcare physician to associate or establish the medical necessity or medical rationale for the requested laboratory testing. Given the above, the request is not medically necessary at this time.

**Lipid panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (updated 12/03/2014), Pubmedhealth.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015.

**Decision rationale:** According to the American Association for Clinical Chemistry, the lipid profile is part of a cardiac risk assessment to help determine an individual's risk of heart disease. It is recommended that healthy adults with no other risk factors for heart disease be tested with a fasting lipid profile once every 5 years. In this case, it is noted that the injured worker maintains a diagnosis of hypertension, diabetes, hyperlipidemia, and hypothyroidism. The injured worker utilizes metformin, lisinopril, simvastatin, and aspirin. However, there was no evidence of any signs or symptoms suggestive of an abnormality to support the necessity for repeat testing. The injured worker underwent extensive laboratory testing, to include a CBC, CMP, Lipid Panel, and urinalysis in 08/2014. There is insufficient information provided by the primary care provider to

associate or establish the medical necessity or medical rationale for the requested laboratory testing. Given the above, the request is not medically necessary at this time.

**Hemoglobin A1c:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (updated 12/03/2014), Pubmedhealth.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes Chapter, Glucose Monitoring.

**Decision rationale:** The Official Disability Guidelines recommend monitoring of an A1C at least twice yearly in all patients with diabetes mellitus, and at least 4 times yearly in patients who are not within a target range. In this case, it is noted that the injured worker maintains a diagnosis of diabetes. The injured worker also utilizes metformin 500 mg twice daily. However, it is noted that the injured worker's diabetes is well controlled with the use of metformin and a low carbohydrate diet. There is insufficient information provided by the primary care physician to associate or establish the medical necessity for repeat laboratory testing. Given the above, the request is not medically necessary at this time.

**UA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (updated 12/03/2014), Pubmedhealth.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the clinical notes submitted, there is no indication that this injured worker currently utilizes opioid medication, nor indication that this injured worker falls under a high-risk category that would require frequent monitoring. The injured worker underwent extensive laboratory testing to include a urinalysis in August 2014. The medical necessity for repeat testing has not been established in this case. Therefore, the current request is not medically necessary.