

Case Number:	CM15-0134113		
Date Assigned:	07/28/2015	Date of Injury:	03/21/2007
Decision Date:	09/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female, who sustained an industrial injury on 3/21/07. She reported a verbal confrontation with her supervisor which affected her emotional state resulting in heart palpitations, chest pain, elevated blood pressure and headaches. The injured worker was diagnosed as having benign essential hypertension, status post right wrist surgery, situational - job stress, left foot pain with exostosis, back pain and right pelvic pain. Treatment to date has included oral medications including Benicar 40-12.5mg and Phentermine 37.5mg and home exercise program. Currently on 5/27/15, the injured worker reported her blood pressure has been mostly under control, no headaches, chest pain or shortness of breath. She is currently working full time. Physical exam performed on 5/27/15 noted no abnormalities. The treatment plan included continuation of current medication and request for the following lab work: CBC, sedimentation rate, estrogen, LG, FSH, cortisol testosterone T4, TSH, magnesium and Calcium and a request for (MRI) magnetic resonance imaging of lumbo-sacral spine and pelvic bone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine 37.5mg #120: 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 Micromedex solutions.

Decision rationale: Phentermine is a medication FDA approved for short term treatment of simple obesity. ODG and CA MTUS are silent regarding the use of this medication. Documentation did not include recent BMI measurements and weight control through diet. Notation is made the injured worker walks 2 times a week and works out at the gym. In this case there is not enough documentation submitted to support the need for the medication. The request for Phentermine is not medically necessary.

Labs: Sedimentation rate: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) hypertension Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. Therefore the request for Sedimentation rate is not medically necessary.

Labs: Estrogen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines utilizing non-steroidal inflammatory drugs (NSAIDs) Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. The requested diagnostic test is not medically necessary.

Labs: LH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. The requested diagnostic test is not medically necessary.

Labs: FSH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. The requested diagnostic test is not medically necessary.

Labs: Cortisol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. The requested diagnostic test is not medically necessary.

Labs: Testosterone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. The requested diagnostic test is not medically necessary.

Labs: T4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. The requested diagnostic test is not medically necessary.

Labs: TSH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. The requested diagnostic test is not medically necessary.

Labs: Magnesium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) hypertension Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There

is no documentation to support the request for the diagnostic study. The request is not medically necessary.

Labs: Calcium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal inflammatory drugs (NSAIDs) Page(s): 69.

Decision rationale: CA MTUS guidelines support the use of laboratory studies and monitoring in patients utilizing non-steroidal inflammatory drugs (NSAIDs) due to possibility of elevation of blood pressure, documentation does not indicate the injured worker is receiving NSAIDs. There is no documentation to support the request for the diagnostic study. The request diagnostic test is not medically necessary.