MAXIMUS Federal Services

Case Number:	CM15-0135124		
Date Assigned:	07/24/2015	Date of Injury:	09/27/2014
Decision Date:	09/23/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/13/2015

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, Texas
Certification(s)/Specialty: Internal 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 59 year old male who sustained a work related injury September 27, 2014. He opened the hood of his truck and the truck slammed shut hitting him in the head. He complained of pain to his neck, low back and right knee, with numbness in his feet. He was treated with physical therapy, pain management and referred to a psychiatrist for depression. A primary treating physician's report dated March 27, 2015, finds the injured worker complaining that he is having difficulty keeping his blood sugar under control; too high or too low due to frequent pain (current glucose or HGA1C results not present in the medical record). According to an internal medicine consultation, dated June 5, 2015, the injured worker presented with a history of hypertension and diabetes. Physical examination revealed stable vital signs, height 69" and weight 244 pounds. The injured worker reports pain when walking and sitting and inability to sleep through the night due to pain and discomfort. Three of the seven pages of this consultation are not present in the medical record. Current medication included Cyclobenzaprine, Atorvastatin Calcium, Sertraline Hydrochloride, Lisinopril, and Metformin Hydrochloride. Diagnoses are cervical and lumbar spine musculoligamentous sprain, strain with radiculitis; thoracic spine musculoligamentous sprain, strain, myofascial pain; right knee sprain, strain; diabetes mellitus; insomnia; depression secondary to pain. Treatment plan included to obtain and electrocardiogram, echocardiogram, and at issue, request authorization for routine laboratory data; CBC (complete blood count), CMP (comprehensive metabolic panel), Lipid, HGA1C, TSH (thyroid stimulating hormone), and urine dip test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Routine Laboratory Data; CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Uptodate.com.

Decision rationale: This patient has a diagnosis of chronic back pain, Diabetes Mellitus and hyperlipidemia. The active medications include cyclobenzaprine, atorvastatin, sertraline, ibuprofen, lisinopril and metformin. According to the MTUS, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The MTUS is silent regarding the monitoring of labs including lipids, TSH, A1C and urine dip. According to UptoDate.com, monitoring the medication of metformin includes urine for glucose and ketones, fasting blood glucose, hemoglobin A1C, and fructosamine. Initial and periodic monitoring of hematologic parameters (e.g., hemoglobin/ hematocrit and red blood cell indices) and renal function should be performed, at least annually (Canadian labeling recommends monitoring renal function every 6 months or more frequently if necessary). Monitor vitamin B12 serum concentrations periodically with long-term therapy. When patient's are taking a statin, monitoring includes baseline lipid panel; fasting lipid profile within 4-12 weeks after initiation or dose adjustment and every 3-12 months (as clinically indicated) thereafter. If 2 consecutive LDL levels are <40 mg/dL, consider decreasing the dose. The request for monitoring the labs including CBC, CMP, Lipids, A1C and a urine dip is medically necessary and has been made. The patient is taking multiple medications that must be monitored. The request is medically necessary.

Routine Laboratory Data CMP: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation UptoDate.com.

Decision rationale: This patient has a diagnosis of chronic back pain, Diabetes Mellitus and hyperlipidemia. The active medications include cyclobenzaprine, atorvastatin, sertraline, ibuprofen, lisinopril and metformin. According to the MTUS, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The MTUS is silent regarding the monitoring of labs including lipids,

TSH, A1C and urine dip. According to UptoDate.com, monitoring the medication of metformin includes urine for glucose and ketones, fasting blood glucose, hemoglobin A1c, and fructosamine. Initial and periodic monitoring of hematologic parameters (e.g., hemoglobin/ hematocrit and red blood cell indices) and renal function should be performed, at least annually (Canadian labeling recommends monitoring renal function every 6 months or more frequently if necessary). Monitor vitamin B12 serum concentrations periodically with long-term therapy. When patient's are taking a statin, monitoring includes baseline lipid panel; fasting lipid profile within 4-12 weeks after initiation or dose adjustment and every 3-12 months (as clinically indicated) thereafter. If 2 consecutive LDL levels are <40 mg/dL, consider decreasing the dose. The request for monitoring the labs including CBC, CMP, Lipids, A1C and a urine dip is medically necessary and has been made. The patient is taking multiple medications that must be monitored. The request is medically necessary.

Routine Laboratory Data; Lipid: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation UptoDate.com.

Decision rationale: This patient has a diagnosis of chronic back pain, Diabetes Mellitus and hyperlipidemia. The active medications include cyclobenzaprine, atorvastatin, sertraline, ibuprofen, lisinopril and metformin. According to the MTUS, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The MTUS is silent regarding the monitoring of labs including lipids, TSH, A1C and urine dip. According to UptoDate.com, monitoring the medication of metformin includes urine for glucose and ketones, fasting blood glucose, hemoglobin A1C, and fructosamine. Initial and periodic monitoring of hematologic parameters (e.g., hemoglobin/ hematocrit and red blood cell indices) and renal function should be performed, at least annually (Canadian labeling recommends monitoring renal function every 6 months or more frequently if necessary). Monitor vitamin B12 serum concentrations periodically with long-term therapy. When patient's are taking a statin, monitoring includes baseline lipid panel; fasting lipid profile within 4-12 weeks after initiation or dose adjustment and every 3-12 months (as clinically indicated) thereafter. If 2 consecutive LDL levels are <40 mg/dL, consider decreasing the dose. The request for monitoring the labs including CBC, CMP, Lipids, A1C and a urine dip is medically necessary and has been made. The patient is taking multiple medications that must be monitored. The request is medically necessary.

Routine Laboratory Data; TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation UptoDate.com.

Decision rationale: This patient has a diagnosis of chronic back pain, Diabetes Mellitus and hyperlipidemia. The active medications include cyclobenzaprine, atorvastatin, sertraline, ibuprofen, lisinopril and metformin. According to the MTUS, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The MTUS is silent regarding the monitoring of labs including lipids, TSH, A1C and urine dip. According to UptoDate.com, monitoring the medication of metformin includes urine for glucose and ketones, fasting blood glucose, hemoglobin A1c, and fructosamine. Initial and periodic monitoring of hematologic parameters (e.g., hemoglobin/ hematocrit and red blood cell indices) and renal function should be performed, at least annually (Canadian labeling recommends monitoring renal function every 6 months or more frequently if necessary). Monitor vitamin B12 serum concentrations periodically with long-term therapy. When patient's are taking a statin, monitoring includes baseline lipid panel; fasting lipid profile within 4-12 weeks after initiation or dose adjustment and every 3-12 months (as clinically indicated) thereafter. If 2 consecutive LDL levels are <40 mg/dL, consider decreasing the dose. The request for monitoring the labs including CBC, CMP, Lipids, A1C and a urine dip is medically necessary and has been made. The patient is taking multiple medications that must be monitored. The documentation doesn't include the medical necessity for a TSH. The request is not medically necessary.

Routine Laboratory Data; HGA1C: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: This patient has a diagnosis of chronic back pain, Diabetes Mellitus and hyperlipidemia. The active medications include cyclobenzaprine, atorvastatin, sertraline, ibuprofen, lisinopril and metformin. According to the MTUS, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The MTUS is silent regarding the monitoring of labs including lipids, TSH, A1C and urine dip. According to UptoDate.com, monitoring the medication of metformin includes urine for glucose and ketones, fasting blood glucose, hemoglobin A1c, and fructosamine. Initial and periodic monitoring of hematologic parameters (e.g., hemoglobin/ hematocrit and red blood cell indices) and renal function should be performed, at least annually (Canadian labeling recommends monitoring renal function every 6 months or more frequently if necessary). Monitor vitamin B12 serum concentrations periodically with long-term therapy. When patient's are taking a statin, monitoring includes baseline lipid panel; fasting

lipid profile within 4-12 weeks after initiation or dose adjustment and every 3-12 months (as clinically indicated) thereafter. If 2 consecutive LDL levels are <40 mg/dL, consider decreasing the dose. The request for monitoring the labs including CBC, CMP, Lipids, A1C and a urine dip is medically necessary and has been made. The patient is taking multiple medications that must be monitored. The request is medically necessary.

Routine Laboratory Data; Urine dip: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: This patient has a diagnosis of chronic back pain, Diabetes Mellitus and hyperlipidemia. The active medications include cyclobenzaprine, atorvastatin, sertraline, ibuprofen, lisinopril and metformin. According to the MTUS, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The MTUS is silent regarding the monitoring of labs including lipids, TSH, A1C and urine dip. According to UptoDate.com, monitoring the medication of metformin includes urine for glucose and ketones, fasting blood glucose, hemoglobin A1C, and fructosamine. Initial and periodic monitoring of hematologic parameters (e.g., hemoglobin/ hematocrit and red blood cell indices) and renal function should be performed, at least annually (Canadian labeling recommends monitoring renal function every 6 months or more frequently if necessary). Monitor vitamin B12 serum concentrations periodically with long-term therapy. When patient's are taking a statin, monitoring includes baseline lipid panel; fasting lipid profile within 4-12 weeks after initiation or dose adjustment and every 3-12 months (as clinically indicated) thereafter. If 2 consecutive LDL levels are <40 mg/dL, consider decreasing the dose. The request for monitoring the labs including CBC, CMP, Lipids, A1C and a urine dip is medically necessary and has been made. The patient is taking multiple medications that must be monitored. The request is medically necessary.