

<b>Case Number:</b>	CM15-0188113		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/24/1993
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64 year old male, who sustained an industrial injury on 09-24-1993. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for coronary artery disease (CAD), aortic valves disorders, hypertension and dyslipidemia. Medical records (05-04-2015 to 09-01-2015) indicate the IW has been followed for CAD status post a coronary artery bypass with previous symptoms of chest pain and shortness of breath. No recent or active symptoms were reported. Records also indicate increased activity levels. Per the treating physician's progress report (PR), the IW has not returned to work as he is retired. The PR, dated 09-01-2015, reported no symptoms or complaints of chest pain or shortness of breath. The physical exam revealed stable vital signs and a normal physical exam. Relevant treatments have included coronary artery bypass graft, diet restrictions, work restrictions, and medications. Current medications included Zeita, Lofibra, Sea-Omega, Slo-Niacin, and Crestor. The treating physician indicates that laboratory testing showed normal total cholesterol levels, low HDL level, an elevated triglyceride level, and an elevated lipoprotein level. The request for authorization (09-02-2015) shows that the following services were requested: panel testing for heart or diabetes, and panel testing every 3-4 months. The original utilization review (09-14-2015) denied the request for panel testing for heart or diabetes, and panel testing every 3-4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Panel testing for heart or diabetes: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Based on the 9/1/15 progress report provided by the treating physician this patient presents with no subjective pain. The treater has asked for PANEL TESTING FOR HEART OR DIABETES on 9/1/15. The request for authorization was not included in provided reports. The patient has a history of coronary artery disease but does not have any current symptoms per 9/1/15 report. However, the patient had prior anginal symptoms with chest pressure and SOB like an elephant on chest but no anginal symptoms since per 9/1/15 report. The patient is s/p recent bilateral knee surgeries per 9/1/15 report. The patient has a long history of maximal medical management with suboptimal lipid control per 9/1/15 report. The patient walks dogs almost every day, and has stopped smoking for several years per 5/4/15 report. The patient's work status is retired. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, There has been a recommendation to measure liver and 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 patient presents with coronary artery disease, a coronary artery bypass graft, hypertension, and dyslipidemia. Per requesting 9/1/15 report, the treater is requesting NMR lipoprofile and hepatic functional panel. However, the treater does not discuss this request in the reports provided. Utilization review letter dated 9/14/15 denies request due to lack of specificity in the request. The patient does not have any current symptoms per 9/1/15 report. The patient's current medications do not include an NSAID (currently Zetia, Lofibra, Crestor as of 9/1/15). In this case, the patient's current medications do not require liver function monitoring. Therefore, the request as written IS NOT medically necessary.

**Panel testing every 3-4 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Based on the 9/1/15 progress report provided by the treating physician this patient presents with no subjective pain. The treater has asked for PANEL TESTING EVERY 3-4 MONTHS on 9/1/15. The request for authorization was not included in provided reports. The patient has a history of coronary artery disease but does not have any current symptoms per

9/1/15 report. However, the patient had prior anginal symptoms with chest pressure and SOB like an elephant on chest but no anginal symptoms since per 9/1/15 report. The patient is s/p recent bilateral knee surgeries per 9/1/15 report. The patient has a long history of maximal medical management with suboptimal lipid control per 9/1/15 report. The patient walks dogs almost every day, and has stopped smoking for several years per 5/4/15 report. The patient's work status is retired. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, There has been a recommendation to measure liver and 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 patient presents with coronary artery disease, a coronary artery bypass graft, hypertension, and dyslipidemia. Per requesting 9/1/15 report, the treater is requesting NMR lipoprofile and hepatic functional panel. However, the treater does not discuss this request in the reports provided. Utilization review letter dated 9/14/15 denies request due to lack of specificity in the request. The patient does not have any current symptoms per 9/1/15 report. The patient's current medications do not include an NSAID (currently Zetia, Lofibra, Crestor as of 9/1/15). The treater does not specify the tests included in the panel but the concurrent request is for a lipid profile and liver function test which are not indicated. Therefore, the routine panel testing every 3-4 months is also not in accordance with guideline recommendations. The request IS NOT medically necessary.