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| Case Number: | CM15-0191160 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 08/23/2013 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old male who sustained an industrial injury on 8-23-13. A review of the medical records indicates he is undergoing treatment for angina equivalent syndrome, atypical chest pain, hypertension, and dyslipidemia. He is status post "probable lacunar infarcts in the basal ganglion per CT scan (5-11-15). Medical records (5-11-15 to 8-4-15) indicate ongoing complaints of periodic chest pain. The physical exam (8-4-15) reveals a blood pressure of 142-66 with a heart rate of 60. The heart rate is noted to be "regular". EKG indicates normal sinus rhythm. No jugular venous distention is noted and his chest is clear to auscultation. A systolic ejection murmur is noted. No peripheral edema is noted. Diagnostic studies have included EKGs, a nuclear stress test (negative results), and laboratory studies, including a homocysteine level. The last homocysteine level was noted to be slightly elevated at 16.1 on 5-11-15. Treatment has included medications. His current (8-4-15) medications include Ranexa 500mg twice daily, Benicar 20mg daily, Metoprolol 25mg twice daily, Atorvastatin 20mg daily, and enteric coated Aspirin 81mg daily. The records indicate that the Ranexa "seemed to have controlled anginal pattern" (7-1-15). However, he is noted to have "chest pain right now" on the 8-4-15 visit. The utilization review (9-10-15) includes a request for authorization for laboratory studies, including a Homocysteine level. The request for a Homocysteine level was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Labs: Homocysteine: 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 Rosenson, RS, et al. Overview of homocysteine. Topic 6837, version 23.0. UpToDate, accessed 11/11/2015.

Decision rationale: Homocysteine is an amino acid that can be found in the blood. The MTUS Guidelines are silent on this issue. There is some evidence in the literature to suggest that homocysteine may play a role in the process that leads to clogged heart and brain blood vessels. However, treating those with typical diets who live in areas where there is enough folate in food has not been shown to have any significant benefit. The literature does not support routinely monitoring those at risk for developing clogged heart or brain blood vessels with this test. The submitted documentation concluded the worker was suffering from high blood pressure, chest pain, and abnormal blood cholesterol levels. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for laboratory homocysteine testing is not medically necessary.