

<b>Case Number:</b>	CM15-0208247		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	11/28/1988
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New York

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 68 year old male who sustained an industrial injury on November 28, 1988. Medical records indicated that the injured worker was treated for industrially related heart problems with coronary artery disease, prior myocardial infarction, chronic atrial fibrillation and limited tendency to angina of effort. His medical diagnoses include coronary artery disease, atrial fibrillation, type 2 diabetes with renal manifestations, and sleep apnea. In the provider notes dated April 20, 2015 the injured worker has occasional chest pain lasting 30 to 45 minutes. He rates the pain 2 to 3 on the pain scale and it resolves on its own. He has a rapid heartbeat at times when lying down lasting for about 5 minutes. On exam, the documentation stated there was atrial fibrillation at a controlled rate. No abnormal heart sounds or murmurs. The treatment plan is to continue medications. A Request for Authorization was submitted for Coreg CR 40 mg #90 + 3 refills and valsartan 40 mg #180 + 3 refills. The Utilization Review dated October 13, 2015 modified the request for Coreg CR 40 mg #90 + 3 refills and valsartan 40 mg #180 + 3 refills to Coreg CR 40 mg #90, no refills and valsartan 40mg, #180 no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Coreg CR 40mg #90 with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre, Hypertension. Clinical management of primary hypertension in adults. London (UK): national Institute for Health and Clinical Excellence (NICE); 2011 Aug. 36 p. (Clinical Guideline; no. 127).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/).

**Decision rationale:** MTUS does not address this request. Coreg (Carvedilol) is in a class of medications called beta-blockers. This medication is often used in combination with other medications to treat patients with Hypertension, Congestive Heart Failure and Coronary Artery Disease. Documentation shows that the injured worker has Hypertension and history of Coronary Artery Disease. Physician report indicates that Blood Pressure is not well controlled. With accompanying diagnosis of Heart disease and previous stenting, the recommendation to continue Coreg CR is clinically appropriate. The request for 1 prescription for Coreg CR 40mg #90 with 3 refills is medically necessary per guidelines.

#### **1 prescription for Valsartan 40mg #180 + 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/).

**Decision rationale:** MTUS does not address this request. Valsartan is in a class of medications called angiotensin II receptor antagonists (ARBs), used alone or in combination with other medications to treat Hypertension and Heart disease. ARBs are also used in Diabetic patients to treat Kidney problems and to lower the risk of developing complications of Diabetes related Kidney disease. Documentation provided indicates that the injured worker has Hypertension, Diabetes and Heart Disease. Laboratory report indicates evidence of borderline abnormal Kidney function test. The recommendation to continue treatment with Valsartan is clinically appropriate to treat this injured worker's Hypertension and for Kidney protection. The request for 1 prescription for Valsartan 40mg #180 + 3 refills is medically necessary by guidelines.

#### **Lipid profile: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heart failure in adults. Bloomington (MN) Institute for Clinical Systems Improvement (ICSI); 2013 Jul 94 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.smartmedicine.acponline.org/](http://www.smartmedicine.acponline.org/).

**Decision rationale:** MTUS does not address this request. The American College of Physicians recommends seeing patients on drug therapy for Hyperlipidemia at 4- to 6-month intervals (or more often as needed). Hyperlipidemia is a major risk factor for atherosclerotic disease (the build-up of fats, cholesterol and other substances in and on the artery walls), cardiovascular disease and cardiovascular death. The American College of Physicians recommends screening adults at any age who are at risk for CHD, including those with a family history of hyperlipidemia. Patients without risk factors should be screened every 5 years with repeat screening sooner in those who develop new risk factors. Performing annual lipid screening in patients not treated for hyperlipidemia is not recommended unless there is a specific reason to suspect a change. Documentation shows that the injured worker has Hyperlipidemia, Hypertension, Coronary Artery Disease and Diabetes. Physician reports indicate the Hyperlipidemia is well controlled on current medication regimen. The recommendation for future lab order to continue periodic monitoring is clinically appropriate. The request for Lipid profile is medically necessary per guidelines.

**Ultra Sensitive CRP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heart failure in adults. Bloomington (MN) Institute for Clinical Systems Improvement (ICSI); 2013 Jul 94 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.smartmedicine.acponline.org/content](http://www.smartmedicine.acponline.org/content).

**Decision rationale:** MTUS does not address this request. C-reactive protein (CRP) is a blood test that measures the blood level of a protein called C-reactive protein, which indicates the levels of inflammation in the body. The American College of Physicians recommends seeing patients on drug therapy for Hyperlipidemia at 4- to 6-month intervals (or more often as needed). Patients should be monitored for symptoms of muscle toxicity, such as fatigue and weakness, or muscle pain, stiffness, or cramping and symptoms of hepatotoxicity, such as fatigue, weakness, abdominal pain, anorexia, jaundice, or icterus. Patients with symptoms of muscle toxicity should have muscle enzymes checked. The injured worker is diagnosed with Hyperlipidemia, Hypertension, Coronary Artery Disease and Diabetes, with complains of occasional chest pain. Physician reports at the time of the request under review, fails to show acute exacerbation of symptoms or objective clinical findings of muscle toxicity to establish the medical necessity for testing for inflammation. The request for Ultra Sensitive CRP is not medically necessary.

**Apolipoprotein A1 and B:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heart failure in adults. Bloomington (MN) Institute for Clinical Systems Improvement (ICSI); 2013 Jul 94 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.smartmedicine.acponline.org/content](http://www.smartmedicine.acponline.org/content).

**Decision rationale:** MTUS does not address this request. The American College of Physicians recommends screening high-risk adults, all men aged 35 or older, and women aged 45 or older for lipid disorders by checking either a fasting lipid profile or total cholesterol and HDL. Low-risk adults should be screened every 5 years. Additional lab and other studies may be considered in select patients at moderate cardiovascular risk with either abnormal lipid profiles or unclear need for drug therapy. Such testing may include imaging for atherosclerosis (coronary artery calcium score by CT or carotid intima-media thickness by ultrasound), checking high-sensitivity C-reactive protein, lipoprotein-(a) and lipoprotein phospholipase A2. Documentation shows that the injured worker has Hyperlipidemia, Hypertension, Coronary Artery Disease and Diabetes. Physician reports indicate the Hyperlipidemia is well controlled on current medication regimen. The medical necessity for checking Apolipoprotein A1 and B has not been established. The request for Apolipoprotein A1 and B is not medically necessary by guidelines.

**Magnesium:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heart failure in adults. Bloomington (MN) Institute for Clinical Systems Improvement (ICSI); 2013 Jul 94 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.smartmedicine.acponline.org/content](http://www.smartmedicine.acponline.org/content).

**Decision rationale:** MTUS does not request this request. Per guidelines, patients with Hypertension may be screened for other comorbid conditions. Creatinine, urinalysis, retinal exam may be screened annually, and ECG may be considered if there are unexplained symptoms or poor BP control. Patients on certain medications, including diuretics, ACE inhibitors, ARB, and mineralocorticoid antagonists (spironolactone) should have potassium, creatinine, and other electrolytes monitored for potential side effects. Documentation shows that the injured worker has Hypertension, Diabetes, Hyperlipidemia and Heart Disease. At the time of the request under review, physician report noted that except for elevated Glucose level, the injured worker's chemistries were normal. The medical necessity for checking magnesium level has not been established. The request for Magnesium is not medically necessary by guidelines.

**Direct bilirubin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heart failure in adults. Bloomington (MN) Institute for Clinical Systems Improvement (ICSI); 2013 Jul 94 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.smartmedicine.acponline.org/content](http://www.smartmedicine.acponline.org/content).

**Decision rationale:** MTUS does not address this request. The American College of Physicians recommends seeing patients on drug therapy for Hyperlipidemia at 4- to 6-month intervals (or more often as needed). Patients should be monitored for symptoms of muscle toxicity, such as fatigue and weakness, or muscle pain, stiffness, or cramping and symptoms of hepatotoxicity,

such as fatigue, weakness, abdominal pain, anorexia, jaundice, or icterus. Patients with any symptoms of liver toxicity should have liver enzymes and those with symptoms of muscle toxicity should have muscle enzymes checked. Documentation shows that the patient is being treated for Hyperlipidemia. At the time of the requested service under review, physician report indicated that except for elevated Glucose level, the injured worker's chemistries were normal. There is no objective evidence that the injured worker is experiencing symptoms of liver toxicity. The request for Direct bilirubin is not medically necessary by guidelines.

**CBC with Diff:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heart failure in adults. Bloomington (MN) Institute for Clinical Systems Improvement (ICSI); 2013 Jul 94 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.smartmedicine.acponline.org/content](http://www.smartmedicine.acponline.org/content).

**Decision rationale:** MTUS does not address this request. Patients with Anemia may presents with symptoms including fatigue, dyspnea on exertion, dysphagia, pallor and generalized lack of energy. At the time of the requested service under review, physician report indicated that the injured worker's blood count was normal. Documentation provided fails to indicate that the injured worker is diagnosed with anemia or presents with symptoms suggestive of anemia to establish testing for CBC within the interval being requested. The request for CBC with Diff is not medically necessary.

**Sed Rate:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heart failure in adults. Bloomington (MN) Institute for Clinical Systems Improvement (ICSI); 2013 Jul 94 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.smartmedicine.acponline.org/content](http://www.smartmedicine.acponline.org/content).

**Decision rationale:** MTUS does not address this request. Sed rate, or erythrocyte sedimentation rate (ESR), is a blood test that is used to indicate the levels of inflammation in the body. The American College of Physicians recommends seeing patients on drug therapy for Hyperlipidemia at 4- to 6-month intervals (or more often as needed). Patients should be monitored for symptoms of muscle toxicity, such as fatigue and weakness, or muscle pain, stiffness, or cramping and symptoms of hepatotoxicity, such as fatigue, weakness, abdominal pain, anorexia, jaundice, or icterus. Patients with symptoms of muscle toxicity should have muscle enzymes checked. The injured worker is diagnosed with Hyperlipidemia, Hypertension, Coronary Artery Disease and Diabetes, with complains of occasional chest pain. Physician reports at the time of the request under review, fails to show acute exacerbation of symptoms or objective clinical findings of inflammation to support the request for Sed Rate test. The request for Sed Rate is not medically necessary.

## **Urine Protein Immunoelectrophoresis: 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 [www.smartmedicine.acponline.org/content](http://www.smartmedicine.acponline.org/content).

**Decision rationale:** MTUS does not address this request. The American College of Physicians recommends screening patients at increased risk for Chronic Kidney disease (CKD), including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD regularly. Patients with type 2 diabetes should have a urine test for protein (microalbuminuria) at time of diagnosis, and be tested annually after that. Screening patients without risk factors for CKD is not recommended. Documentation provided shows that the injured worker has poorly Hypertension, Diabetes and borderline abnormal Kidney function. Laboratory results at the time of the request indicate abnormal Urine Microalbumin level. There is no acute objective clinical finding reported to support the medical necessity for urine protein immunoelectrophoresis to rule conditions other than possible Diabetic nephropathy. Furthermore, the injured worker is being referred for Nephrology consult. The medical necessity for Urine Protein Immunoelectrophoresis has not been established. The request for Urine Protein Immunoelectrophoresis is not medically necessary.