

Case Number:	CM14-0204923		
Date Assigned:	12/17/2014	Date of Injury:	09/23/2011
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year old female who is being treated for chronic pain syndrome, fibromyalgia, GERD, Insomnia, depression and anxiety. She had a work related injury on 09/23/2001. She is being treated with included Famotidine, Delixant, Valium, Effexor, Trazodone, Vesicare, Hydrochlorothiazide, Qvar, albuterol, Lipitor and steroid spray, but most recently, provider requested she be tested for HBA1C, Lipid panel, Metabolic 20, RBC Magnesium, thyroid panel, Vitamin D-25, collagen panel and H.Pyloric breath. The requested lab test was denied because the requested was not backed up supporting documents, including history and physicals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Collagen panel, HbA1C, lipid panel, metabolic 20, RBC magnesium, thyroid panel, vitamin D-25 OH, H pylori breath: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 09/23/2001. The medical records provided indicate the diagnosis of chronic pain syndrome, fibromyalgia, GERD, insomnia, depression and anxiety. Treatments have included Famotidine, Dexilant, Valium, Effexor, Trazodone, Vesicare, Hydrochlorothiazide, Qvar, Albuterol, Lipitor, and steroid spray. The medical records provided for review do not indicate a medical necessity for Collagen panel, HbA1C, lipid panel, metabolic 20, RBC magnesium, thyroid panel, vitamin D-25 OH, and H pylori breath. The MTUS recommends thorough history and physical, as well as a review of pertinent medical records as important tools in clinical assessment and treatment planning. Therefore, since the submitted medical records did not include history and physical examination findings relevant in assessment of the requested test, the requested lab tests are not medically necessary and appropriate.