

<b>Case Number:</b>	CM14-0211306		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/20/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old patient with date of injury of 07/20/2014. Medical records indicate the patient is undergoing treatment for abdominal pain, acid reflux, chest pain, cephalgia, sleep disorder, rule out obstructive sleep apnea. Subjective complaints include left thumb, chest pressure, abdominal pain, dizziness, nausea, depression, anxiety, loss of sexual desire, fatigue, sleeping difficulties and headaches. Objective findings include blood pressure 101/62 mmHg; pulse 73 bmp; height 5'4 and weighs 132 pounds, the patient is obese; pupils are equal, round and reactive to light and accommodation; lungs are clear to auscultation, no rales or wheezes appreciated, no dullness to percussion; abdomen soft, positive bowel sounds; cranial nerves II through XII are grossly intact. Treatment has consisted of injections to prevent Hepatitis A and B, Tetanus shot, Truvada, Simvastatin, Ibuprofen, Metocarbamol, Tylenol. The utilization review determination was rendered on 11/21/2014 recommending non-certification of Lab: Lipid Panel, GI Profile, and Hepatitis Panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab: Lipid Panel, GI Profile, Hepatitis Panel: Upheld**

**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/omc/articles/PMC3068759>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068759/>;  
<http://www.ncbi.nlm.nih.gov/pubmed/15586159>.

**Decision rationale:** The treating physician did not detail prior lab studies, physical examination findings to warrant lab test, or a history of increased risk of hyperlipidemia, liver disease, or increased risk of gastrointestinal disease. Medical documentation provided do not indicate why the physician is ordering these labs. There are not objective or subjective findings that would warrant this request. As such, the request for Lab: Lipid Panel, GI Profile, Hepatitis Panel is not medically necessary.