

Case Number:	CM15-0171032		
Date Assigned:	09/22/2015	Date of Injury:	03/18/2009
Decision Date:	11/10/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 65 year old male, who sustained an industrial injury on 3-18-2009. The injured worker is being treated for acid reflux, constipation-diarrhea and rule out irritable bowel syndrome, weight gain, hypertension and diabetes mellitus. Treatment to date has included diagnostic testing, surgical intervention, injections, medications, chiropractic care, specialist consultations and physical therapy. Per the Secondary Treating Physician's Progress Report dated 7-22-2015 the injured worker reported controlled diarrhea but notes no change in his acid reflux, diabetes mellitus or hypertension. He denies constipation at this time. Objective findings are documented as blood pressure of 140-80mmHg (with meds), blood glucose of 80mg/dL, and weight 231 pounds. The plan of care included lab tests and authorization was requested for Labs-GI profile (TSH, AML, LIPS, CMPR, HPYA, CBC), hypertension profile (urine microalbumin, T3, T4, lipid, CMP and CBC), diabetes mellitus profile (URCA, GLYPH, CBD, LIPR, UMAR and vitamin D).. On 8-06-2015, Utilization Review non-certified/modified the request for Labs-GI profile (TSH, AML, LIPS, CMPR, HPYA, CBC), hypertension profile (urine microalbumin, T3, T4, lipid, CMP and CBC), diabetes mellitus profile (URCA, GLYPH, CBD, LIPR, UMAR and vitamin D).

IMR ISSUES, DECISIONS AND RATIONALES

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

GI Profile (TSH, AML, LIPS, CMPR, HPYA, CBC): 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: MTUS also writes regarding NSAID monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver 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 treating physician has not provided documentation of subjective or objective complaints that would warrant the requested lab work. Additionally, the medical documentation provided does state that the patient has acid reflux but does not indicate any chronic illness that would require the requested testing. As such, the request for GI Profile (TSH, AML, CMRP, HPYA, CBC) is not medically necessary.

HTN Profile (Urine microalbumin, T3, T4, Lipid, CMP, CBC): 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: MTUS states, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver 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 treating physician has not provided documentation of subjective or objective complaints that would warrant the requested lab work. Additionally, the medical documentation provided that the patient has hypertension but the documented blood pressure is not elevated, the patient is not on any blood pressure medications or having complaints related to hypertension that would require the requested testing. As such, the request for HTN Profile (Urine microalbumin, T3, T4, Lipid, CMP, CBC) is not medically necessary.

DM Profile (URCA, GLYH, CBD, LIPR, UMAR, Vitamin D): 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: MTUS states, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver 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 treating physician has not provided documentation of subjective or objective complaints that would warrant the requested lab work. Additionally, the medical documentation provided states that the patient has diabetes but fasting sugar is within normal limits, the patient is not currently on medication or with complaints related to this diagnosis that would require the requested testing. As such, the request for DM Profile (URCA, GLYH, CBD, LIPR, UMAR, Vitamin D) is not medically necessary.