

Case Number:	CM15-0027787		
Date Assigned:	02/20/2015	Date of Injury:	03/30/2010
Decision Date:	05/21/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 03/30/2010. The mechanism of injury was not provided. The current diagnoses are hypertension with right ventricular hypertrophy, Diabetes Mellitus, hyperlipidemia, and sleep disorder. According to the progress report dated 01/05/2015, the injured worker reported no changes in sleep quality. He denied chest pain or shortness of breath. Treatment to date has included medications and monitoring. The treating physician is requesting Apprim-D #120- 3 bottles, Hypertensa #90 -3 bottles, urine toxicology screen, DM profile lab test, GI profile lab test, and HTN profile lab test. A Request for Authorization Form was then submitted on 01/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apprim-D #120- 3 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend medical food. Medical food is a food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition. In this case, there is no documentation of a specific nutritional deficit requiring supplementation with the requested medication. As the medical necessity has not been established, the request cannot be determined as medically appropriate. There was also no frequency listed in the request. Given the above, the request is not medically necessary.

Hypertensa #90 -3 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend medical food. Medical food is a food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition. In this case, there is no documentation of a specific nutritional deficit requiring supplementation with the requested medication. As the medical necessity has not been established, the request cannot be determined as medically appropriate. There was also no frequency listed in the request. Given the above, the request is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UTD).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There

is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

DM profile lab test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, Chapter 8, Interpreting Laboratory Results.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on December 19, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, the goal of diabetes testing is to screen for high blood glucose levels, to detect and diagnose diabetes, and prediabetes, and to monitor and control glucose levels over time. According to the documentation provided, the injured worker underwent a diabetes mellitus testing in 09/2014. The medical necessity for repeat testing at this time has not been established in this case. In addition, the request as submitted failed to indicate the specific type of testing included in the diabetes mellitus profile. Given the above, the request is not medically necessary.

GI profile lab test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, Chapter 8, Interpreting Laboratory Results.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on December 19, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, screening tests are an important part of a preventative healthcare plan. The test can be used for early detection of more common and potential deadly disease. In this case, there was no documentation of a significant abnormality to support the necessity for the request laboratory testing. In addition, the request as submitted failed to indicate the specific laboratory tests included in a GI profile. Given the above, the request is not medically necessary.

HTN profile lab test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, Chapter 8, Interpreting Laboratory Results.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on December 19, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, laboratory testing is not diagnostic for hypertension. Tests are frequently ordered to detect conditions that may be causing and/or exacerbating high blood pressure or to evaluate and monitor organ function over time. There was no documentation of a significant abnormality to support the necessity for repeat testing. The injured worker underwent hypertension laboratory testing in 09/2014. In addition, the request as submitted failed to indicate the specific laboratory test included in the hypertension profile. Given the above, the request is not medically necessary.