

Case Number:	CM14-0146884		
Date Assigned:	09/12/2014	Date of Injury:	11/06/2009
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 67-year-old male who has submitted a claim for hypertension, hyperlipidemia, glucose intolerance and right-sided hemiparesis secondary to stroke associated with an industrial injury date of November 6, 2009. Medical records from 2014 were reviewed, which showed that the patient complained of right sided weakness. Examination showed a blood pressure (BP) of 127/80 mmHg, heart murmurs and a right-sided hemiparesis. Blood glucose was found to be 90. Treatment to date has included amlodipine, Sentra and topical creams. Utilization review from September 10, 2014 denied the request for Retrospective Diabetes Mellitus lab profile (DOS: 08/14/2014), Hypertension lab profile (DOS: 08/14/2014) and Retrospective: Urine Toxicology Screen (DOS 08/14/2014). The request for DM lab profile was denied because specific laboratory tests and medical indications for such tests were not stated by the treating physician. The request for hypertension lab profile was denied because specific tests were also not stated. The request for urine drug screen was denied because there was no evidence of actual or planned use of opioids or report of substance abuse or misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diabetes Mellitus lab profile (DOS: 08/14/2014): 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) Diabetes

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Diabetes Association Diabetes Treatment Guidelines

Decision rationale: The CA MTUS does not specifically address this topic. The ODG does not mention a specific set of laboratory diagnostics for diabetes mellitus. The American Diabetes Association diabetes treatment guidelines recommend testing appropriate to the evaluation of each patient's general medical condition. In this case, the physician did not specify which laboratory tests related to diabetes he is ordering. Therefore, the request for Retrospective Diabetes Mellitus lab profile (DOS: 08/14/2014) is not medically necessary.

Hypertension lab profile (DOS: 08/14/2014): 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) Diabetes

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: JNC 8

Decision rationale: The CA MTUS does not specifically address this topic. The ODG does not mention a specific set of laboratory diagnostics for hypertension. The Joint National Commission on Hypertension recommends a group of tests at first diagnosis of hypertension but do not address a hypertension panel at follow-up visits. In this case, the patient is already on a follow-up visit and the physician providing care did not specify which tests related to hypertension he is ordering. Therefore, the request for Hypertension lab profile (DOS: 08/14/2014) is not medically necessary.

Retrospective: Urine Toxicology Screen (DOS 08/14/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, tools for risk stratification and monitoring, Urine Drug Testing

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random urine drug screen (UDS) to detect opioid misuse/addiction. In this case, the provider ordered a urine screen. However, the records do not show that there is current or planned use of opioids and a sign of substance abuse or misuse. The rationale for the use of a drug screen is not clear. Therefore, the request for Retrospective: Urine Toxicology Screen (DOS 08/14/2014) is not medically necessary.

