

<b>Case Number:</b>	CM13-0019901		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for left arm pain, sleep disturbance, psychological distress, and hypopnea reportedly associated with an industrial injury of September 8, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; attorney representation; barbiturate containing analgesics; transfer of care to and from various providers in various specialties; and proton pump inhibitors. In a Utilization Review Report dated August 29, 2013, the claims administrator partially certified request for a CBC, biochemistry profile, urinalysis, and H. pylori while denying a hemoglobin A1c test. Amylase and lipase were approved while an electrocardiogram was denied. A follow-up visit with an internist was approved while partial certification for a three-month supply of MiraLax was issued. The partial certification of MiraLax was apparently issued owing to a dispute as to whether or not the applicant's allegations of constipation and irritable bowel syndrome were in fact compensable. The applicant's attorney subsequently appealed. A July 9, 2013 internal medicine consultation was notable for comments that the applicant was a former machine operator who last worked in 2009. The applicant has had constipation for three years, it was stated. He is also on Wellbutrin for depression, it was stated. The applicant was a nonsmoker. The applicant's medications included Norco, Lyrica, Robaxin, Motrin, Prozac, Laxacin, Prilosec, Wellbutrin, and Dendracin cream. The applicant underwent an EKG in the clinic which revealed normal sinus rhythm, it was stated. The applicant also exhibited a normal cardiopulmonary exam. Amylase, lipase, hemoglobin A1c, and H. pylori were apparently endorsed. No rationale for these tests was provided. It was stated that the applicant had longstanding reflux times several years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIOCHEMISTRY PROFILE, CBC, URINALYSIS, HEMOGLOBIN, A1C, H-PYLORI, IGG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman: Cecil Medicine, 23rd ed. Chapter 134.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311, Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation American Diabetes Association.

**Decision rationale:** While page 78 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse renal function testing, hepatic function testing, and periodic testing in applicants using NSAIDs chronically, several of the other tests cannot be supported based on the information on file. Little or no rationale was provided for several of these tests. For instance, while the American Diabetes Association does support intermittent testing of hemoglobin A1c in diabetics and/or to screen for diabetes, in this case, however, the attending provider did not furnish any rationale for the hemoglobin A1c test. It is not clearly stated why the hemoglobin A1c was being sought here. No rationale for the test in question was provided. Similarly, the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1 does support urinalysis in an applicant in whom there are red flags for cancer or infection, in this case, however, there was no seeming mention of red flags for cancer or infection present here. There was no mention of any other issues for which the urinalysis was indicated. No rationale for usage of the testing in question was provided. Since multiple components of the request cannot be supported, the entire request is deemed not medically necessary, as partial certifications or conditional certifications are not permissible through the Independent Medical Review process. The request for Biochemistry Profile, CBC, Urinalysis, Hemoglobin A1c, H-Pylori, IGG, is not medically necessary.

**ELECTROCARDIOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonow: Braunwald's Heart Disease - a textbook of Cardiovascular Medicine, 9th ED. Chapter 13- Electrocardiography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Echocardiography Article.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted by Medscape, indications for EKG testing include evaluation of defibrillators, pacemakers, and to detect myocardial injury, ischemia, and presence of prior infarction. In this case, however, no rationale for the test in question was provided. There was no mention of why the EKG in question was performed. There was no suspicion of myocardial infarction, history of prior infarction, evidence of defibrillator implantation, evidence of a pacemaker implantation, suspicion of

arrhythmia, etc. which would have supported the EKG in question here. Therefore, the request is not medically necessary.

**PROSPECTIVE USAGE OF MIRALAX POWDER:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in those applicants who are using opioids. In this case, the applicant is in fact using Hydrocodone, an opioid. The applicant has longstanding history of constipation; it is further noted and reportedly carries diagnosis of irritable bowel syndrome. Usage of MiraLax, a laxative, is therefore indicated, for all of the stated reasons. The request for MiraLax powder is medically necessary.