

<b>Case Number:</b>	CM14-0008982		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Internal 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 was injured on 06/02/2009. He sustained an injury to his low back when he lifted an 80 lb gas tank. Urine toxicology screen was remarkable for clonazepam performed on 11/25/2013. The progress report (PR-2) dated 11/25/2013 reports that the patient complains of abdominal pain, constipation, and acid reflux. He reported poor sleeping habits. He sleeps two to three (2-3) hours nightly. Objective findings on exam revealed that the abdomen is soft with normoactive bowel sounds. The extremities revealed no clubbing, cyanosis or edema. There were no other significant findings exam. The diagnoses are abdominal pain, constipation, weight gain-unsustained at this time; hypertension; blurred vision; H. pylori positive immunoglobulin-G (IgG) antibody. The deferred diagnosis include sleep disorder, orthopedic diagnosis and psychiatric diagnosis. The patient is taking benzapril 20 mg per day. The patient has been recommended to follow-up; eat a low-sodium diet and irritable bowel syndrome (IBS) diet; follow a course of sleep hygiene and keep a blood pressure diary. An H. pylori IgG antibody has been added as a new diagnosis based on the lab results. The prior utilization review (UR) dated urine toxicology screen and H. pylori breath test is non-certified as there is no documented medication mis-use and medical necessity has not been established based on documentation provided. A breath test has been justified based on evidence provided as there has been previous blood testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H. PYLORI BREATH TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urea breath testing for H. pylori: The Practical Assessment of H. Pylori eradication by Tamaka A, Tokunaga K, Takahashi S., pubmed.gov (<http://www.ncbi.nlm.nih.gov/pubmed/23967668>); and Lab Tests Online. Helicobacter pylori, the test (<http://labtestsonline.org/understanding/analytes/h-pylor/tab/test>).

**Decision rationale:** The [www.labtestsonline.org](http://www.labtestsonline.org) recommends ordering H. pylori testing to evaluate for H. pylori infection. The notes provided document the patient has already undergone blood testing for H. pylori and a follow-up breath test was ordered. This is sometimes done as a confirmatory test; however, there was insufficient discussion of the indication for H. pylori breath testing. It is unclear if the physician already treated the patient for H. pylori and is ordering the breath test to ensure the infection has resolved; the antibody will continue to result positive after clearing the infection. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**URINE TOXICOLOGY SCREEN:** 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-TWC, Pain Procedure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The Chronic Pain Guidelines recommend periodic urine drug screening for patients on chronic opioids. The general recommendation is yearly screening for patients at low risk for substance abuse. The patient had a urine drug screening ordered on 11/25/13. The notes do not document the patient as having an increased risk for substance abuse or history of drug abuse. The patient has not demonstrated aberrant behavior and has undergone recent urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.