MAXIMUS Federal Services

Case Number:	CM14-0151917		
Date Assigned:	09/22/2014	Date of Injury:	11/02/2012
Decision Date:	11/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 29-year-old male with a date of injury of 11/02/2012. The listed diagnoses per [redacted] are:1. Exasperation of gastroesophageal reflux secondary to #4, improved.2. Constipation secondary to narcotic-based medication to treat #4, improved.3. Sleep dysfunction and sexual dysfunction secondary to #4.4. Orthopedic diagnosis.According to progress report 06/19/2014, the patient presents with low back and bilateral knee pain. Patient also complains of episodes of burning epigastric and left upper quadrant pain that is on and off. Patient is currently taking gabapentin, hydrocodone, omeprazole 20 mg, docusate 100 mg, and MiraLAX. Examination revealed, "Patient is well-nourished, well-developed male, in no acute distress. Heart and lungs are clear. The abdomen is soft. There is mild tenderness in the epigastrium; otherwise negative." The treater has requested updated labs including "blood sugar and H. pylori stool antigen for the status of H. pylori infection." Utilization review denied the request on 09/03/2014. Treatment reports from 02/28/2014 through 07/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biochemistry profile: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Metabolic panel comprehensive Chemo-20;

Sequential multi-channel analysis with computer-20; SMAC20; metabolic panel 20, University of Washington School of Medicine, January 21, 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: NSAIDs, specific drug list & advers.

Decision rationale: This patient presents with low back and bilateral knee pain and complaints of episodes of burning epigastric and upper quadrant pain. The treater is requesting a biochemistry profile. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs.There is no indication of recent lab work. Given the chronicity of opiate use and continued GI complaints, a biochemistry profile is reasonable. The request is medically necessary.

Lipid panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article Serum Lipid Profile: Fasting or Non-fasting, Indian J Clin Blochem Jan 2011; 26(1): 96-97

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: NSAIDs, specific drug list & adver.

Decision rationale: This patient presents with low back and bilateral knee pain and complaints of episodes of burning epigastric and upper quadrant pain. The treater is requesting a Lipid panel. Lipid panels include Total Cholesterol, HDL Cholesterol, Triglycerides, LDL-Cholesterol (calculated), Cholesterol/HDL Ratio (calculated), Non-HDL Cholesterol (calculated). The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discusses "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." In this case, there is no discussion of concerns of cholesterol issues to consider a separate Lipid panel test. The request is not medically necessary.

CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article Understanding the Complete Blood Count with Differential, J Perianesth Nurs. 2003 Apr, 18(2); 96-114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: NSAIDs, specific drug list & advers.

Decision rationale: This patient presents with low back and bilateral knee pain and complaints of episodes of burning epigastric and upper quadrant pain. The treater is requesting a biochemistry profile. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs.There is no indication of recent lab work. Given the chronicity of opiate use and continued GI complaints, lab testing is appropriate at this time. The request is medically necessary.

HGA1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article Measure of Glycosylated Hemoglobin, Acta Biomed. 2005; 76 Suppl 3:59-62

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines, , CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: NSAIDs, specific drug list & adver.

Decision rationale: This patient presents with low back and bilateral knee pain and complaints of episodes of burning epigastric and upper quadrant pain. The treater is requesting a HGAIC which is a Hemoglobin A1c tests for Diabetes. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. In this case, the treater does not provide a rationale for a HGAIC lab test. There is no discussion of possible diabetes issues to consider a Hemoglobin A1c lab test. The request is not medically necessary.

Stool examination: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article Application of a Stool Antigen Test to Evaluate the Incidence of Helicobacter Pylori Infection in Children and Adolescents for Tehran, Iran, Clin Diagn Lab Immunol. Sep 2005; 12(9); 1094-1097

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: STOOL EXAMINATION for H. pylori G: Aetna number 0177, http://www.aetna.com/cpb/medical/data/100_199/0177.html

Decision rationale: This patient presents with low back and bilateral knee pain and complaints of episodes of burning epigastric and upper quadrant pain. Treater states patient has a history of epigastric pain therefore recommends an h pylori stool exam. Medical guidelines addressing chronic pain do not discuss H Pylori stool examination. AETNA guidelines considers either the carbon isotope urea breath testing or stool antigen testing medically necessary in patients for

evaluation of new onset dyspepsia, dyspepsia despite 2weeks of antibiotic therapy for H. pylori,; recurrent dyspeptic symptoms; and for re-evaluation to assess success of eradication of H. pylori. In this case, the request appears medically reasonable given the patient's persistent dyspepsia symptoms and for evaluation of H. pylori. There is no evidence that this evaluation has been done. The request is medically necessary.

Urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article Urinalysis A Comprehensive Review, Am Fam Physician 2006 Oct 1; 74(7);1096

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain chapter for Urine Drug Testing

Decision rationale: This patient presents with low back and bilateral knee pain and complaints of episodes of burning epigastric and upper quadrant pain. The treater is requesting a urinalysis. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. It does not appear that a urine drug screen was provided this year. Given the patient's medication regimen which includes opiates, a urine drug screen to monitor compliance is within guidelines. The request is medically necessary.