

Case Number:	CM14-0029417		
Date Assigned:	04/09/2014	Date of Injury:	12/27/2008
Decision Date:	09/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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:

This 52 year old patient had a date of injury on 12/27/2008. The mechanism of injury was not noted. In a progress noted dated 11/12/2013, subjective findings no change in her diabetes mellitus, improving constipation. She sleeps 7 hours nightly and wakes 2 times per night. Hypertension remains the same. On a physical exam dated 11/12/2013, objective findings included BP128/81 with medication, Blood glucose 155mg/dl, heart rate 78 bpm. Diagnostic impression shows gastritis, constipation, hypertension, diabetes, hyperlipidemia. Treatment to date: medication therapy, behavioral modification. A UR decision dated 1/6/2014 denied the request for urine toxicology screen, stating the type of medications to be testing are not discussed, frequency of testing not stated, and it is not clear when last UDS was done and the results. Nexium 40mg #60x2, Accu-check blood glucose test, probiotics #60x2, HCTZ 12.5 #30x2 were denied. The rationale for these denials were not provided in the reports viewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines for the Chronic Use of Opioids, pages 222-238.

Decision rationale: CA MTUS 9792.24.2. Chronic Pain Medical Treatment Guidelines: ACOEM Guidelines for the Chronic Use of Opioids states on Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain: Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In lab report dated 11/10/2013, it was noted that the patient was compliant with his Norco medication. The patient does not demonstrate aberrant behavior, and it was unclear how many drug screens she has had previously. Therefore, the request for urine toxicology screen was not medically necessary.

NEXIUM 40MG, #60 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In a progress report dated 12/3/2013, the patient is noted to be on NSAIDS and suffer from GERD. Therefore, the request for Nexium 40mg #60 x2 is medically necessary.

ACCU-CHECK BLOOD GLUCOSE TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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:<https://www.accu-check.com/index.html>.

Decision rationale: MTUS and ODG do not address this issue. A search of online resources found the article "ACCU-CHECK" stating that Accucheck is a blood glucose monitoring system, lancing devices, test strips, and diabetes management for people with diabetes. In a progress report dated 11/12/2013, the patient is diagnosed with Diabetes mellitus, and that a blood

glucose test was performed at the visit. Additionally, there was no discussion as to the frequency of testing and objective functional goals intended for the accuchek. Therefore, the request for Accuchek blood glucose test is not medically necessary.

PROBIOTICS COUNT, #60, WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: FDA:Probiotic Formula.

Decision rationale: MTUS and ODG do not address this issue. FDA state that probiotic formula is a used for irritable bowel syndrome, ulcerative colitis, or ileal pouch. In a progress report dated 11/12/2013, it was noted that probiotics was prescribed. However, there was no discussion as to the intended use of this medication, and the diagnosis did not include irritable bowel syndrome, ulcerative colitis, or ileal pouch. Therefore, the request for Probiotics #60x2 refills is not medically necessary.

HCTZ 12.5, #30 WITH 2 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: FDA: HCTZ.

Decision rationale: MTUS and ODG do not address this issue. The FDA states that HCTZ is thiazide diuretic used to treat hypertension and fluid retention. In a progress report dated 11/12/2013, the patient is diagnosed with hypertension. It was noted that the blood pressure was well managed with medication(128/81mmHg) at am. Therefore, the request for HCTZ 12.5mg #30x2 is medically necessary.