

<b>Case Number:</b>	CM14-0033977		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Arizona. 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 injured worker is a 61-year-old woman with a work-related injury dated 4/20/08 resulting in chronic back, neck and shoulder joint pain. The injured worker has had lumbar spinal surgery 8/13. The injured worker has a history of hypertension that is not treated with medication and had an elevated alkaline phosphatase 6/13. Multiple encounters with the primary provider are available for review including notes dated 9/19/13, and 9/20/13 and a chart review noted dated 9/23/13. The progress note from 12/18/13 is not included in the medical records provided. On 9/19/13, the injured worker is complaining of cramping abdominal pain with fatigue and constipation. The physical exam is normal regarding the abdomen and her blood pressure is normal. The diagnosis include sleep disorder, hypertension (controlled without medications) and blurred vision. The medications include Citrucel, Colace, Miralax, Iron supplement, Lovaza, Crestor, Sentra. Chart review note dated 9/23/13 referred to multiple lab studies done for this patient dated 6/4/13 that included kidney, liver, thyroid, amylase, lipase and H. pylori. The only abnormality noted was an alkaline phosphatase elevated at 108. On 12/18/13, the provider ordered a urine toxicology screen and "GI" panel (blood work) that were completed. During utilization review dated 2/19/14 these laboratory studies were denied as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Urine toxicology screening between 12/18/13 and 12/18/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managign Chronic Non-terminal Pain, Including Prescribign Controlled substances (May 2009), pg. 33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** With respect to urine drug screens (UDS), the CA MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids, a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case, the injured worker is not prescribed any opioid medications from the prescriber who ordered the urine toxicology. There is no documentation to support that the patient is suspected of abusing or misusing any opioid medications. There has been multiple urine toxicologies including 6/13 and 9/13. There is no documentation that the previous urine toxicology's are abnormal. Therefore, the urine toxicology screen ordered and preformed on 12/18/13 is not medically necessary.

**One (1) G.I. panel and labs between 12/18/13 and 12/18/13:** 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: Up to date.com Drug information. Management of chronic constipation.

**Decision rationale:** he provider ordered a "GI" panel on 12/18/13. There is no documentation to explain what that entails, which labs have been ordered and what the results are. On 6/4/13, the patient had a comprehensive set of labs including assessment of liver, kidney, thyroid and pancrease function. The provider noted the only abnormalities were an elevated alkaline phosphatase of 108. The exam on 9/19/13 when the patient was noted to be having crampy abdominal pain, fatigue and gas and constipation was unremarkable. The MTUS is silent regarding the use of laboratory studies described as a "GI" panel. According to Uptodate, "drug information" and "Management of chronic constipation in adults" there is no documented information that would indicate the patient needed a comprehensive lab work-up including a GI panel 12/18/13. None of the medications listed on 9/19/13 require laboratory monitoring. The use of a GI panel on 12/18/13 was not medically necessary. As such, the request is not certified.