

Case Number:	CM14-0038164		
Date Assigned:	06/27/2014	Date of Injury:	03/16/2011
Decision Date:	08/14/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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 Maryland. 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 employee was a 34 year old male who sustained an industrial injury on 03/16/11. His complaints were primarily respiratory symptoms following 3 years of oil filtering. He had reported runny nose, stuffy nose, sneezing, dry cough, difficulty breathing and chest pain. His prior evaluations included chest x-ray which was normal, normal pulmonary function testing in April, 2013 and allergy testing results of which are not available. The most recent progress notes was from March 6, 2014. He was noted to have some black mucus dripping from the nose. On examination he was found to have a sad affect, diffuse rhonchi without ecchymosis and swelling of chest. His medications included Naprosyn, omeprazole, Flexeril 7.5 mg t.i.d. and Neurontin 600 mg t.i.d. His diagnoses included allergic rhinitis, myofascial pain syndrome and chronic chest pain. His work status was full time work. His urine drug screen was noted to be negative for controlled substances. The request was for urine drug screen and IgE allergy testing. He was evaluated by an Allergist in February 2014 and was recommended to have the IgE allergy testing. In December 2013, he had another urine drug screen that was negative as well. There is documentation of efforts made to obtain results of a previous RAST testing done at [REDACTED] without any results available in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, 3rd Ed (2011) - p. 935 Vol. 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77, 78.

Decision rationale: The employee started having runny nose, shortness of breath and chest pain since being exposed to fumes while filtering oil at work. His prior evaluations included normal pulmonary function testing, normal chest x-ray and his prior treatment included medication management with Naprosyn, Neurontin, Flexeril and Omeprazole. He had been evaluated at [REDACTED] and the report of the RAST testing was not obtainable by the primary treating physician according to the reports. The most recent QME report from an Allergist recommended allergy IgE testing for ongoing symptoms. The request was for urine drug screen. According to MTUS Chronic Pain Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription medications likely to be detected by the drug screen. There was also no documentation about initiating opioids. The most recent urine drug screen from December was negative. Hence, the request for a repeat urine drug screen is not medically appropriate and necessary.

IgE (Immunoglobulin) test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Allergy Asthma Proc. 2009 Jan-Feb; 30(1):23-7. Doi: 10.2500/aap.2009.30.3193. Elevated serum immunoglobulin (E) (IgE): When to suspect hyper-IgE syndrome-A 10 year pediatric tertiary care center experience.

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: Allergy blood testing: A practical guide for clinicians, Cleveland Clinic Journal of Medicine, September 2011, volume. 78.9, 585-592.

Decision rationale: The employee started having runny nose, shortness of breath and chest pain since being exposed to fumes while filtering oil at work. His prior evaluations included normal pulmonary function testing, normal chest x-ray and his prior treatment included medication management with Naprosyn, Neurontin, Flexeril and Omeprazole. He had been evaluated at [REDACTED] and the report of the RAST testing was not obtainable by the primary treating physician according to the reports. The most recent QME report from an Allergist recommended allergy IgE testing for ongoing symptoms. The request was for allergy or IgE testing. According to the above cited article, allergy blood testing is convenient, since it involves only a standard blood draw as opposed to the skin prick testing. According to the article, the allergy evaluation should begin with a thorough history to look for possible triggers for the patient's symptoms. Allergy skin testing or blood IgE testing may be most useful in identifying specific allergens and for assessing allergic disease. The employee was having ongoing nasal discharge with black mucus

and ongoing respiratory symptoms despite a normal pulmonary function test. He had been evaluated by an Allergist with a recommendation to get blood allergy testing or IgE testing given his ongoing nasal symptoms. The request was IgE testing is medically necessary and appropriate.