

Case Number:	CM14-0056856		
Date Assigned:	10/01/2014	Date of Injury:	11/23/2012
Decision Date:	12/09/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 injured worker is a 63-year-old woman with a date of injury of November 23, 2012. The mechanism of injury occurred when she walked into a refrigerator to grab a box of chicken. She indicated that the chicken was high up on a shelf and she had to reach above her head to bring it down. While reaching for the box, she felt pain in her right shoulder and an electrical sensation in the right side of her head. She experienced pain in her right shoulder, neck, head, right ear, and throat. She experiences headaches, which caused dizziness. Pursuant to the most recent progress note dated January 29, 2014, the IW complains of neck pain and severe hand pain. Physical examination reveals pain over the cervical spine and restricted movement over the right shoulder. An MRI reportedly revealed disc protrusion of the cervical spine. It is noted that the IW has been authorized for a rheumatology evaluation. The IW has been diagnosed with carpal tunnel syndrome and inflammatory arthritis, based on clinical symptoms and an increased sedimentation rate (ESR). There are other notes from December 2013 that indicated sleep pathology and gastritis. It was noted that a GI series was being requested. The IW is taking Ultracet 37.5, Flexeril 10mg, Naproxen 500mg, and Omeprazole 20mg. Urine drug screen December of 2013 was negative. In August of 2013, the IW began complaining of abdominal pain. For this pathology, the OW was diagnosed with GERD and treated with a proton pump inhibitor. It is noted that the IW is [REDACTED]. The provider did not provide any documentation stating the IW had difficulty with communication. The provider ordered an H. pylori breath test, and instructed the IW to avoid NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine tox screen: 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 Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is typically based on whether the injured worker is a low-risk, intermediate risk or high risk for drug misuse/abuse. In this case, the documentation dates back to January 2014. . There were no recent progress notes in the medical record. An entry indicates a toxicology screen dated December 20, 2013 was negative. The actual lab test result was not in the record. Additionally, there is no discussion in the medical record as to whether the injured worker is a low risk, intermediate risk or high risk individual for drug misuse or abuse. Consequently, there is no way to gauge whether this individual requires a urine drug test or not based on the present documentation. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, urine drug testing is not medically necessary.

Labs: 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: Lab Tests Online <http://labtestsonline.org/understanding/analytes/h-pylori/tab/test/>

Decision rationale: Pursuant to the peer-reviewed evidence-based guidelines (Lab Tests Online), lab testing is not medically necessary. Lab testing for H. pylori is not recommended for routine diagnosis of her evaluation of treatment effectiveness. It detects antibodies to the bacteria and will not distinguish previous infection from a current one. For additional details see attached link. In this case, there were additional laboratories including alkaline phosphatase that was borderline high and hemoglobin of 13.4 that was borderline low. The earliest clinical records available for review date back to January 2014. There were no recent progress notes in the medical record. There was no specific request for specific labs ordered in the medical record. There was no causal relationship of the work injury to the labs requested that are documented in the medical record. Consequently, lab testing is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, lab testing is not medically necessary.

