

Case Number:	CM14-0072164		
Date Assigned:	07/16/2014	Date of Injury:	04/03/2007
Decision Date:	12/30/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Nephrology 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 is a 56-year-old female with a 4/3/07 date of injury. The most recent progress report provided for review is dated 12/18/13. The UR decision dated 5/7/14 refers to a progress report dated 4/9/14, however, this was not provided for review. According to the 4/9/14 report, the patient's acid reflux was controlled with proton pump inhibitor and diet. The claimant had hypertension, diabetes mellitus, and constipation. He reported chest pain, shortness of breath 2-3 times a week, and abdominal pain at lower left and lower upper quadrant at this time. The patient had urine toxicology screen, GI profile, and EKG during the visit. Diagnostic impression (from 12/18/13 report): GERD (secondary to NSAIDs), constipation, obstructive sleep apnea, diffuse liver disease, hypertension, diabetes mellitus. Treatment to date: medication management, activity modification. A UR decision dated 5/7/14 denied the requests for probiotics, EKG, urine toxicology screen, and GI profile. Regarding probiotics, there is no clear indication as to why the claimant requires supplement such as probiotic. It is not indicated that current medications are insufficient to alleviate symptoms. Regarding EKG, it is noted that the claimant had an EKG done on 4/9/14, there is no documentation of unclear results that would require repeat test. Regarding urine toxicology screen, the claimant had a drug screen done on 4/9/14, there is no documentation of inconsistent results that would require repeat test. There is no clear documentation indicating that the claimant continues to take opioid medication. A specific rationale regarding the denial for GI profile was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph - Probiotics

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: A Gastroenterologist's Guide to Probiotics (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3424311/>)

Decision rationale: This is a 56-year-old female with a 4/3/07 date of injury. The most recent progress report provided for review is dated 12/18/13. The UR decision dated 5/7/14 refers to a progress report dated 4/9/14, however, this was not provided for review. According to the 4/9/14 report, the patient's acid reflux was controlled with proton pump inhibitor and diet. The claimant had hypertension, diabetes mellitus, and constipation. He reported chest pain, shortness of breath 2-3 times a week, and abdominal pain at lower left and lower upper quadrant at this time. The patient had urine toxicology screen, GI profile, and EKG during the visit. Diagnostic impression (from 12/18/13 report): GERD (secondary to NSAIDs), constipation, obstructive sleep apnea, diffuse liver disease, hypertension, diabetes mellitus. Treatment to date: medication management, activity modification. A UR decision dated 5/7/14 denied the requests for probiotics, EKG, urine toxicology screen, and GI profile. Regarding probiotics, there is no clear indication as to why the claimant requires supplement such as probiotic. It is not indicated that current medications are insufficient to alleviate symptoms. Regarding EKG, it is noted that the claimant had an EKG done on 4/9/14, there is no documentation of unclear results that would require repeat test. Regarding urine toxicology screen, the claimant had a drug screen done on 4/9/14, there is no documentation of inconsistent results that would require repeat test. There is no clear documentation indicating that the claimant continues to take opioid medication. A specific rationale regarding the denial for GI profile was not provided.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonow: Braunwald's Heart Disease - A Textbook of Cardiovascular Medicine, 9th ed. Chapter 13 - Electrocardiography

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: AHA/ACCF/HRS Recommendations for the Standardization and Interpretation of the Electrocardiogram (<http://content.onlinejacc.org/article.aspx?articleid=1139535>)

Decision rationale: CA MTUS and ODG do not address this issue. According to the Journal of the American College of Cardiology, The ECG is considered the single most important initial clinical test for diagnosing myocardial ischemia and infarction. Its correct interpretation, particularly in the emergency department, is usually the basis for immediate therapeutic interventions and/or subsequent diagnostic tests. However, in the present case, there is no documentation as to why this patient requires an electrocardiogram. It is noted that this patient

had an EKG performed on 4/9/14, with no documentation of abnormal findings to support the medical necessity of another EKG in such a short period of time. In addition, the patient is noted to have hypertension; however, there is no discussion regarding whether or not her hypertension is well-controlled or not. There is no documentation that this patient has any other cardiovascular condition requiring a diagnostic study. Therefore, the request for Electrocardiogram (EKG) is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary: Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing; Urine Testing in Ongoing Opiate Management Page(s): 43;78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, the patient's medication regimen was not provided for review. It is unclear if she is currently taking an opioid medication that would require monitoring for compliance. In addition, it is noted that this patient had a urine toxicology screen performed on 4/9/14. A specific rationale as to why she would require another test in such a short period of time was not provided. Therefore, the request for Urine toxicology screen is not medically necessary.

GI Profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st ed., Chapter 8 - Interpreting Laboratory Results

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: Aetna Clinical Policy Bulletin: Gastrointestinal Function: Selected Tests(http://www.aetna.com/cpb/medical/data/300_399/0396.html)

Decision rationale: CA MTUS and ODG do not address this issue. Aetna considers Electrogastrography or colonic motility studies (Colonic Manometry) experimental and investigational because their clinical utility has not been established. Aetna considers high resolution esophageal pressure topography (HREPT) experimental and investigational because its clinical utility has not been established. A wireless capsule for measuring gastric emptying parameters (SmartPill GI Monitoring System) experimental and is considered investigational for the evaluation of gastric disorders (e.g., gastroparesis), intestinal motility disorders (e.g., chronic

constipation), and all other indications because of inadequate published evidence of its diagnostic performance and clinical utility over conventional means of measuring gastric emptying. Aetna considers radionuclide gastric emptying study medically necessary for the evaluation of gastroparesis. Aetna considers magnetic resonance enterography medically necessary to evaluate and monitor Crohn's disease and other small bowel disorders. However, in the present case, it is unclear what type of gastrointestinal testing is being requested and what specific symptoms or diagnoses the provider is addressing. In addition, it is documented that the patient has GERD as a result of NSAID use and that his acid reflux was controlled with proton pump inhibitor and diet. Furthermore, it is noted that the patient had a GI profile performed on 4/9/14, and it is unclear why another request is being made at this time. Therefore, the request for GI Profile is not medically necessary.