

<b>Case Number:</b>	CM14-0175988		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/12/2007
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Emergency 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 injured worker has a reported date of injury on 10/12/2007. Mechanism of injury is described as from an electrical injury. Injured worker has a diagnosis of right shoulder recurrent dislocation, reflex sympathetic dystrophy of right upper extremity. Medical reports reviewed. Last report available until 9/24/14. Injured worker complains of shoulder pain and right arm pains. Pain is 6/10. Pain is aching and occasionally sharp, shooting and stabbing shooting down arm. Activity worsens pain. Review of systems is positive for "stomach problems". This "stomach problem" box has been checked off as positive for almost a year. Objective exam reveals pain with movement of entire right side of body with allodynia limiting exam. Range of motion is limited. There is severe pain with even light touch. There is no noted concern for drug abuse although injured worker has issues with smoking and moderate alcohol use. There is no rationale provided for H. Pylori testing documented. Urine drug screen collected on 8/14/14 was positive for Hydrocodone. Current medications include Neurontin, Norco, Prilosec, Topamax, Wellbutrin and Zanaflex. Independent Medical Review is for Urine Drug Screen and H. Pylori breath test. Prior UR on 10/9/14 recommended non-certification. It certified Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. Injured worker had several recent negative UDS noted on 8/14/14 that did not show any abnormal or illicit drugs. While provider may be attempting to wean injured worker down from his opioids, repeat and recurrent urine drug screens in low risk patient is not warranted. Urine Drug Screen is not medically necessary.

**H. Pylori Breath Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/digestive-disorders/h-pylori-helicobacter-pylori>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chey WD, Wong BCY and the Practice Parameters Committee of the American College of Gastroenterology, Am J Gastroenterol 2007;102:1808-1825

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines is also silent on this topic. H/Pylori urea breath test is an option to test for Helicobacter Pylori infections. However, the documentation fails to provide any support for this testing. There is no description of "stomach problems", what has been attempted to elevate this "problem" or any other conservative measures attempted. H. Pylori breath test is not medically necessary.