

Case Number:	CM14-0193813		
Date Assigned:	12/01/2014	Date of Injury:	09/27/2003
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 43-year-old male who was injured on September 27, 2003. The patient continued to experience neck pain, low back pain, bilateral knee pain, left shoulder pain, and abdominal pain with bloating and constipation. Physical examination was notable for decreased range of motion of the cervical spine, tenderness over the trapezius and paravertebral muscles, decreased muscle strength at C5, C6, C7, C8, L4, L5, and S1, decreased sensation at C5 and L5 nerve roots bilaterally and left L5, decreased range of motion of the left shoulder, tenderness over the left acromioclavicular joint, and decreased range and pain with range of motion in both knees. Diagnoses included chronic cervical musculoligamentous sprain/strain, lumbar disc annular tear, left shoulder subacromial impingement and rotator cuff tendonitis, status post left knee arthroscopic surgery for medial meniscal tear, and irritable bowel syndrome. Treatment included surgery, medications, and physical therapy. Requests for authorization for urine drug screen and barium enema were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug testing

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case there is no documentation that the patient is exhibiting aberrant/addictive behavior. There is no documentation of frequency or results of prior urine drug testing. Necessity cannot be determined unless frequency and results are known. The request is not medically necessary and appropriate.

1 Barium Enema: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Nursing and Supportive Care. Irritable bowel syndrome in adults. Diagnosis and management of irritable bowel syndrome in primary care. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 27 p. (Clinical guideline; no 61)

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: UpToDate: Approach to acute lower gastrointestinal bleeding in adults

Decision rationale: The patient was diagnosed with irritable bowel syndrome, based on history of abdominal pain, bloating, and rectal bleeding. Diagnostic studies for rectal bleeding include colonoscopy, radionuclide imaging, computed tomographic (CT) angiography (multidetector row helical CT), and mesenteric angiography. Barium enema is not indicated for the evaluation of rectal bleeding or irritable bowel syndrome. The request is not medically necessary and appropriate.