

Case Number:	CM14-0205263		
Date Assigned:	12/17/2014	Date of Injury:	02/22/1996
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational 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 is a 60-year-old male with a 2/22/96 date of injury. The injury occurred when he attempted to sit on a stool but it tilted, causing him to lose his balance and fall to the floor. According to an internal medicine report dated 10/14/14, the patient reported improvement in his hypertension, diabetes mellitus, and difficulty sleeping. However, he reported worsening constipation and anxiety. He denied chest pain and shortness of breath while indicating no change in his abdominal pain. He noted that his blood pressure at home was 120-130/80 mmHg and blood sugar at home to be 89-118/mg/dL. Objective findings: BP: 122/88 mmHg (with medications); pulse: 101; Blood Glucose: 111 mg/dL; height: 5'5"; weight: 239 pounds; obese. Diagnostic impression: abdominal pain, constipation secondary to stress and NSAIDS, gastropathy, hypertension, shortness of breath, chest pain, diabetes mellitus, sleep disorder. Treatment to date: medication management, activity modification. A UR decision dated 11/18/14 modified the request for Urinalysis, DM, GI, and HTN profiles. This request is not specified as to what items would be tested. A toxicology urinalysis is requested, but it appears that he is on topical creams, and no opioids or sedating medications are listed. The patient is noted to have diagnosis of rule out sleep apnea, though, and he may be tired. Therefore, this request is modified to certify CBC, a standard metabolic panel to include kidney and liver function testing as well as electrolytes, 12 panel standard urinalysis for common drugs of abuse, and hemoglobin A1C.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis, Dm, GI and HTN profiles body part:abdominal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes-Glucose Monitoring, Gilpizide (Glucotrol)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing page 43, Urine Testing in Ongoing Opiate Management . Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter - Glucose Monitoring, Hypertension Treatment Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Gastrointestinal Function: Selected Tests

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. CA MTUS does not address the issue of glucose monitoring or hypertension. ODG recommends self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use. ODG recommends that blood pressure in DM be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. CA MTUS and ODG do not address the issue of GI testing. 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. Aetna considers a wireless capsule for measuring gastric emptying parameters (SmartPill GI Monitoring System) experimental and 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 specific type of testing this provider has requested. It is unclear if the urinalysis being requested is for monitoring of medication misuse. There is no documentation that this patient is currently taking an opioid medication. In addition, there is no discussion addressing a concern regarding this patient's diabetes condition, GI condition, or hypertension condition. A specific rationale identifying why these tests would be required in this patient was not provided. Therefore, the request for Urinalysis, Dm, GI and HTN profiles body part: abdominal was not medically necessary.