

<b>Case Number:</b>	CM15-0162866		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/23/2007
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 58-year-old female patient who sustained an industrial injury on October 23, 2007 resulting in upper and lower back pain, and subsequent bowel incontinence, abdominal pain, and chronic constipation. The diagnoses include irritable bowel syndrome and obstructive sleep apnea. Per the doctor's note dated 5/21/15, she had improvement in constipation with colace and senokot. The physical examination revealed abdomen- soft and normoactive bowel sound. Documented treatment has included irritable bowel syndrome diet and Citrucel, Colace, Senokot, and Probiotics. She has undergone ACDF at C5-6 in 1992, lumbar discectomy in 1995 and 1997, L4-5 fusion in 2004, ACDF at C6-7 in 2007 and L3-4 fusion in 2008. She has had lab tests including CBC, CMP, TSH, lipase, amylase and H.pylori Ig G on 8/19/2014 with normal findings. She has had barium contrast GI and KUB dated 3/16/2015 with normal findings; barium enema with air contrast dated 3/23/15 which revealed spenic flexure colonic diverticulum. The treating physician's plan of care includes a diagnostic gastrointestinal profile.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GI Profile (TSH, AML, LIPS, CMPR, HPTA, CBC): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Medline Plus website, CBC, Lipase, Amylase.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 70, Routine Suggested Monitoring.

**Decision rationale:** GI Profile (TSH, AML, LIPS, CMPR, HPYA, CBC). Per the cited guidelines regarding routine blood tests "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per the records provided patient had improvement with medications and physical examination of the abdomen revealed normal findings. Patient had lab tests including CBC, CMP, TSH, lipase, amylase and H.pylori Ig G on 8/19/2014 with normal findings (except BUN 23 mg/dl). A recent detailed abdomen examination is not specified in the records provided. Rationale for repeating lab tests in the absence of current significant subjective symptoms or objective findings is not specified in the records provided. Evidence of a significant chronic illness, history of weight change, autoimmune disease that would require multiple blood tests is not specified in the records provided. The medical necessity of GI Profile (TSH, AML, LIPS, CMPR, HPYA, CBC) is not fully established for this patient. The request is not medically necessary.