

<b>Case Number:</b>	CM15-0182738		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/15/2005
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 54 year old man sustained an industrial injury on 12-15-2005. Industrial diagnoses include history of elevated blood sugar, hypertension, abdominal pain, acid reflux, and constipation-diarrhea. Deferred diagnoses (non-industrial) include orthopedic diagnoses, psychiatric diagnoses, and sleep disorder. Treatment has included oral medications. Physician notes dated 7-29-2015 show complaints of high blood pressure and acid reflux (improving). The physical examination shows slightly elevated diastolic blood pressure, regular heart rate and rhythm, lungs clear to auscultation, and no other significant findings. Recommendations include laboratory testing including a "GI profile", "HTN profile", "DM profile", and urine drug screen, accucheck and H-pylori breath tests were performed during this visit, 7-day holter monitor, abdominal ultrasound, cardio-respiratory testing, and sudoscan are pending; Citrucel, Colace, Probiotics, Lansoprazole, avoid NSAID medications, gastroenterology consultation, ophthalmology consultation, and follow up in four weeks. Utilization Review denied requests for accucheck, ophthalmology consultation, "HTN profile", Probiotics, "GI profile", urine drug screen, H-pylori breath test, "DM profile", and modified a request for Colace on 8-26-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Accu-Chek:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2, and Gestational): Glucose monitoring.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been only moderately compliant with their regular diabetes medications. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patients records indicate poor glycemic control and monitoring, the requested medication is not indicated at this time. Therefore, based on the submitted medical documentation, the request for Accu-Chek is not medically necessary.

**Ophthalmology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Eye, office visits.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of an ophthalmology consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent urological disease requiring consultation. The California MTUS guidelines address the issue of consultants by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has not been documented to have any clear or recent evidence of new/acute ophthalmologic dysfunction, including tissue insult or nerve impairment. Therefore, based on the submitted medical documentation, the request for Ophthalmology consultation is not medically necessary.

**HTN profile (urine microalbumin, CMPR, CBC with diff, TSH, T3, T4, lipid, CMP,CBC):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CBC, SMA 19 and ESR testing with venipuncture for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. Evidence of anemia (macrocytic or otherwise) is not demonstrated on physical exam. Furthermore, the patient is documented to have no concern for acute electrolyte abnormalities, thyroid dysfunction or abnormal liver function, which would indicate the necessity for the multitude of tests requested as part of the panel. Therefore, based on the submitted medical documentation, the request for HTN Profile is not medically necessary.

**Colace 100mg #60 with two refills:** 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 Care Excellence (NICE); 2015 Feb. 37 p. (Clinical guideline; no. 61).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of abdominal pain. In addition, there is documentation of ongoing treatment with Colace. However, there is no documentation of improvement of the patient's abdominal pain as a result of Colace medication. Hence, continued use of the medication is not indicated. Therefore, based on the submitted medical documentation, the request for Colace is not medically necessary.

**Probiotics #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Effect of Probiotics on Gut Microbiota during the Helicobacter pylori Eradication: Randomized Controlled Trial. Oh B, Kim BS, Kim JW, Kim JS, Koh SJ, Kim BG, Lee KL, Chun J. Helicobacter. 2015 Sep 23.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of probiotic medications. Therefore, outside sources were sought. Per the FDA prescribing guidelines, probiotics are used for the short-term treatment of diminished gastrointestinal flora. Use of a probiotic is not supported with this patient's current medication therapies. Therefore, based on the submitted medical documentation, the request for probiotic is not medically necessary.

**GI profile (TSH, AML, CMPR, HPYA, CBC):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing, General Approach.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CBC, SMA 19 and ESR testing with venipuncture for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. Evidence of anemia (macrocytic or otherwise) is not demonstrated on physical exam. Furthermore, the patient is documented to have no concern for acute electrolyte abnormalities, thyroid dysfunction or abnormal liver function, which would indicate the necessity for the multitude of tests requested as part of the panel. Therefore, based on the submitted medical documentation, the request for GI Profile is not medically necessary.

**Urine toxicology test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a urine drug screen for this patient. The clinical records submitted do not support

the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. The patient's pain is documented as well controlled and past drug screens are consistent with currently prescribed medications. Therefore, based on the submitted medical documentation, the request for drug screening 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 National Institute for health and Care Excellence (NICE). Dyspepsia and gastro-oesophageal reflux disease. Investigation and management of dyspepsia, symptoms suggestive of gastro-oesophageal reflux disease, or both. London (UK): National Institute for Health and Care Excellence (NICE); 2014 Sep. 43 p. (Clinical guideline; no. 148).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection. Am J Gastroenterol. 2007 Aug; 102(8):1808-25. Epub 2007 Jun 29. Chey WD, Wong BC; Practice Parameters Committee of the American College of Gastroenterology. PMID: 17608775.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Medical Treatment Utilization Schedule (MTUS) does not address the management of Helicobacter pylori. American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection (2007) presents recommendations for the diagnosis and treatment of H. pylori. Indications for diagnosis and treatment of H. pylori include active peptic ulcer disease and a history of peptic ulcer disease. This patient has been documented to have chronic, unexplained abdominal pain. Investigational studies have been unrevealing this far as to the cause of the patient's pain. The patient's pain is not relieved with her current medical therapy. The patient has not been demonstrated to have recurrent peptic ulcerative disease refractory to medical therapy. Therefore, based on the submitted medical documentation, the request for h pylori testing is not medically necessary.