MAXIMUS Federal Services

Case Number:	CM15-0185611		
Date Assigned:	10/14/2015	Date of Injury:	08/03/2008
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 injured worker is a 50 year old female, who sustained an industrial injury on 8-03-2008. The injured worker was diagnosed as having gastroesophageal reflux disease, irritable bowel syndrome, hypertension with left atrial enlargement, sleep disorder-rule out obstructive sleep apnea, and weight gain. Treatment to date has included diagnostics, spinal cord stimulator, and medications. Currently (per the Secondary Treating Physician's Narrative Progress Report-Internal Medicine dated 8-19-2015), the injured worker reports controlled dyspepsia with medication, poor sleep with frequent awakening (did receive CPAP machine), controlled blood pressure with an average of 120's over 80's, and intermittent and unchanged sternal chest pain (approximately 2 years), noting the use of Nitroglycerin to alleviate pain. Exam noted blood pressure 121 over 77, heart rate 81, height 5'6" and weight 178 pounds. Her lungs were clear and heart revealed regular rate and rhythm, without rubs or gallops appreciated. Her abdomen was soft without guarding, with 1+ tenderness to palpation over the epigastric region. Extremities showed 1+ bilateral lower extremity edema. Medications included HCTZ, Nexium, Gemfibrozil, Probiotics, ASA, Diovan, Nitrolingual spray, Sentra AM and Sentra PM. She was advised to discontinue the use of non-steroidal anti-inflammatory drugs. It was recommended that she have referral for cardiologist consultation due to chest pain, syncope and dizziness, follow-up with surgeon regarding her status post right knee surgery, adhere to sleep hygiene course, follow-up with nephrologist on an as needed basis, and follow recommendations for weight loss, along with diet. It was documented that EKG (5-13-2015) showed "sinus bradycardia". Transthoracic Echocardiogram Report (8-19-2014) was documented to show normal left ventricular systolic

function, estimated election fraction 79%, and trivial mitral valve regurgitation. Urine toxicology screening results from 2-17-2015 were documented in the report dated 5-14-2015. Her work status was permanent and stationary since 9-02-2011. The PR2 (Pain Management 9-10-2015) noted neck and back pain, noting monitoring of CURES report and urine drug testing. Additional medications included Cymbalta, Tramadol, and Lyrica. Per the Request for Authorization dated 8-19-2015, the treatment plan included urine toxicology screening, DM profile (CMPR, CBD, LIPR), and Lexiscan. On 9-11-2015, Utilization Review modified the urine toxicology to 10 panel random urine toxicology screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results X1, modified the DM profile for Hbg A1C, Comprehensive Metabolic Panel, CBC, Lipid Panel, Urine Microalbumin, non-certified for uric acid, and non-certified the Lexiscan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing neck and back pain. Treatment recommendations included the use of a restricted opioid medication. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a urine toxicology screen is medically necessary.

DM Profile, Uric Acid: 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 MedLine plus: Uric acid blood. https://www.nlm.nih.gov/medlineplus/ency/article/003476.htm, accessed 11/21/2015.

Decision rationale: Uric acid is created when the body breaks down certain substances commonly found in the diet. The MTUS Guidelines are silent on this issue. Normally uric acid is removed from the body in the urine. However, if not enough is removed, its level in the blood can rise and cause problems with the kidneys, gout, or other issues. Diabetes is a condition that causes the body to have problems using sugars from the diet properly and causes high blood levels of sugar. Ongoing high blood sugar levels can cause problems with almost every organ system in the body. The submitted and reviewed documentation indicated the worker was experiencing neck and back pain. There was no discussion detailing a condition that would cause the blood level of uric acid to rise, symptoms or findings suggesting a high level, or describing special circumstances that sufficiently supported this request. Further, the request included a panel of blood tests that was not defined, which would not allow for a determination of medical need. For these reasons, the current request for unspecified "DM profile" and uric acid blood testing is not medically necessary.

Lexiscan: 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 Lexiscan. https://www.lexiscan.com, accessed 11/21/2015. Garber AM, et al. Stress testing for the diagnosis of obstructive coronary heart disease. Topic 1534, version 14.0. UpToDate, accessed 11/21/2015. Yanowitz FG, et al. Stress testing to determine prognosis and management of patients with known or suspected coronary heart disease. Topic 1497, version 10.0. UpToDate, accessed 11/21/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, version 31.0. UpToDate, accessed 11/21/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical setting. The literature and major guidelines support the use of nuclear stress testing for those who are having symptoms or findings of heart disease that put them in an intermediate risk for this condition and who are unable to complete an exercise stress test. Those with high risk and those with low risk for heart disease are better evaluated with other types of testing. The submitted and reviewed documentation indicated the worker was experiencing neck and back pain. There was no discussion detailing a condition that would require this type of testing at this time, symptoms or findings suggesting this testing was needed, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a Lexiscan is not medically necessary.