

<b>Case Number:</b>	CM15-0190142		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 6-7-2010. The injured worker was being treated for diabetes mellitus, hypertension, hyperlipidemia, diarrhea, gastroesophageal reflux disease, and sleep disorder. On 7-22-2015, the injured worker reported his gastroesophageal reflux, diarrhea, constipation, and sleep quality was improving. Current medication included Victoza. The physical exam (7-22-2015) revealed blood pressure of 116 systolic and diastolic 78 and non-fasting blood glucose of 147 mg-dL. There was a regular heart rate and rhythm, S1 and S2 without rubs or gallops. The abdomen was soft and non-tender with positive bowel sounds. On 4-15-2015, laboratory testing revealed a mildly elevated glucose level of 112 and a hemoglobin A1C level of 8. A complete blood count was normal, except for mildly decreased hemoglobin and a mildly increase red cell distribution width (RDW). The Vitamin D, 25-OH, total and the comprehensive metabolic profile were within normal limits. Treatment has included home glucose monitoring, dietary restrictions that included low-fat, acid, low-cholesterol, low-sodium and low-glycemic, and medications including antidiabetic, antihypertensive, antianxiety, statin, proton pump inhibitor, and non-steroidal anti-inflammatory. The requested treatments included a urine toxicology profile, gastrointestinal profile, hypertension profile, diabetes diagnosis and management test, Vitamin D test, and urinalysis. On 9-11-2015, the original utilization review non-certified a request for a urine toxicology profile, gastrointestinal profile, hypertension profile, diabetes diagnosis and management test, Vitamin D test, and urinalysis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology profile:** Upheld

**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): 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. His 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.

**Gastrointestinal Profile:** 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 Official Disability Guidelines (ODG) Stomach, GERD.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS/ACOEM guidelines do not address this topic. According to the Official Disability Guidelines, GI issues should be managed conservatively with over the counter medication followed by evaluation by a specialist if medical management fails. The clinical records support a diagnosis of GERD for this patient. The patient has complained of reflux in the remote past. However, the requested test of "Gastrointestinal profile" is vague and non-specific. It is unclear what the provider meant by this test. There are multiple tests, which are available to help guide management in GI conditions, but these tests must be specified by the clinician in terms of frequency and type. Therefore, based on the submitted medical documentation, the request for gastrointestinal profile testing is not medically necessary.

**Hypertension profile:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/conditions/Hypertension>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypertension.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS/ACOEM guidelines do not address this topic. According to the Official Disability Guidelines, hypertension should be managed aggressively once diagnosed to prevent end organ damage with increased risk for cardiovascular disease, CVA and chronic kidney disease. The clinical records support a diagnosis of hypertension for this patient. However, the requested test of "hypertension profile" is vague and non-specific. It is unclear what the provider meant by this test. There are multiple tests, which are available to help guide management in hypertensive conditions, but these tests must be specified by the clinician in terms of frequency and type. Furthermore, the need for this test is questioned since this patient's blood pressure is well controlled on diet and medication. Therefore, based on the submitted medical documentation, the request for gastrointestinal profile testing is not medically necessary.

**Diabetes diagnosis and management test:** 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 Official Disability Guidelines (ODG) Diabetes, Insulin.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS/ACOEM guidelines do not address the topic of diabetes. According to the Official Disability Guidelines, diabetes should be managed with routine serum glucose checks and anti-hyperglycemic medication to prevent end organ damage from hyperglycemia. The clinical records support a diagnosis of diabetes mellitus for this patient. The patient's A1C is 8. However, the requested test of "Diabetes diagnosis and management test" is vague and non-specific. By definition, this patient has diabetes with an A1C of 8. The diagnosis is confirmed. There is no "management test". There are multiple tests which are available to help guide management, but these tests must be specified by the clinician in terms of frequency and type. Therefore, based on the submitted medical documentation, the request for diabetes diagnosis and management testing is not medically necessary.

**Vitamin D test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/vitamin-d/test/lab>.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of Vitamin D, 25-Hydroxy testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of acute microcytic anemia indicative of worsening chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health with well controlled hypertension and hyperlipidemia at the time of physical exam. The medical records indicate that the patient had a normal vitamin D level of last lab draw. A repeat test is not indicated. Therefore, based on the submitted medical documentation, the request for Vitamin D, 25-Hydroxy testing is not-medically necessary.

**Urinalysis:** 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 Official Disability Guidelines (ODG) Preoperative Lab Testing and Workup.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The Official Disability Guidelines (ODG) state that urinalysis is recommended preoperatively for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should also be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. In the clinical notes provided for review, the injured worker was diagnosed with diabetes, GERD, hyperlipidemia and sleep disorder. His most recent CMP was normal with no evidence of renal dysfunction. The patient also did not indicate any recent surgery with foreign body implantation or dysuria. There was no other documentation of other signs and symptoms to warrant a request for urine dipstick. Therefore, based on the submitted medical documentation, the request for urinalysis is not medically necessary.