

<b>Case Number:</b>	CM15-0193173		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37 year old male who sustained an industrial injury on 06-22-2009. Medical records indicated the worker was treated for an injury to the left hand and fingers and low back. In the provider notes of 03-19-2015, the worker complains of low back pain. He is status post facet radiofrequency thermocoagulation rhizotomy denervation and is awaiting authorization for an epidural steroid injection. His past medical history includes hypertension. His medications included hydrochlorothiazide, topical compounded creams, and tramadol-acetaminophen. He was instructed to continue treatment with acupuncture and physical therapy. He was seen again in 04-16-2015 for a check of the lumbar spine, blood pressure, and a GI check. On 07-21-2015, the worker is seen for increased lumbar spine pain, a GI check, and blood pressure check. He was started on Norco 10/325 twice daily and again ordered topical compounded creams for pain. Labs were ordered. A request for authorization was submitted for: 1. Labs, CMP, Lipid Panel, CBC with diff. 2. Labs, Hematology. 3. Labs, Hemoglobin A1C. 4. Urinalysis dip stick. 5. Labs, H-Pylori Iggab. 6. Labs, H-Pylori breath test. A utilization review decision 08-28-2015 certified routine labs of CMP, Lipid Panel, and CBC with diff, and denied the remaining requests. A lab report dated August 7, 2015 indicates that a lipid panel, comprehensive metabolic panel, hemoglobin A1 C, CBC, and urinalysis were performed. An appeal letter dated August 20, 2015 states that the patient has been on NSAIDs for a long-term basis and reports medication associated gastritis. Package inserts recommend periodic lab monitoring of CBC and chemistry profile including liver and renal function tests.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Labs, Hematology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for lab work, California MTUS and ACOEM do not contain criteria for this request. ODG states that CBC and chemistry profile are recommended for patients taking NSAID medications. Within the documentation available for review, it appears the patient is taking NSAID medication. However, the patient has undergone lab work in August of this year. There is no statement indicating why repeat lab work would be indicated at the current time. As such, the currently requested lab work is not medically necessary.

### **Labs, Hemoglobin A1C:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm>.

**Decision rationale:** Regarding the currently requested Hemoglobin A1C, California MTUS and ODG do not address the issue. Guidelines identify A1c is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It shows how well diabetes is being controlled. Within the information made available for review, there is no indication that the patient has diabetes or requires analysis of average level of blood sugar over the previous 3 months. In the absence of such documentation, the currently requested Hemoglobin A1C is not medically necessary.

### **Urinalysis dip stick:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.uptodate.com/contents/urinalysis-in-the-diagnosis-of-kidney-disease?source=search\\_result&search=urinalysis&selectedTitle=1~150](http://www.uptodate.com/contents/urinalysis-in-the-diagnosis-of-kidney-disease?source=search_result&search=urinalysis&selectedTitle=1~150).

**Decision rationale:** Regarding the requested urinalysis, California MTUS, ACOEM, and ODG do not contain criteria for this request. Online resources indicate that your analysis is recommended for the diagnosis of suspected kidney disease or urinary tract infections. Within the documentation available for review, there is no indication of the patient is suspected of having any of these diagnoses. As such, the currently requested your analysis is not medically necessary.

**Labs, Hpylori Iggab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.uptodate.com/contents/indications-and-diagnostic-tests-for-helicobacter-pylori-infection?source=search\\_result&search=h+pylori&selectedTitle=2~150](http://www.uptodate.com/contents/indications-and-diagnostic-tests-for-helicobacter-pylori-infection?source=search_result&search=h+pylori&selectedTitle=2~150).

**Decision rationale:** Regarding the request for H. pylori testing, California MTUS, ACOEM, and ODG do not contain criteria for this request. Online resources indicate that H. pylori testing is indicated for patients with gastric ulcers especially when NSAIDs are excluded as a potential cause. Within the documentation available for review, it appears that NSAIDs are indicated as a cause in this particular patient. It seems reasonable to eliminate the possible causative factor to see if the patient's G.I. complaints improved prior to performing any additional diagnostic testing. As such, we currently requested H. pylori testing is not medically necessary.

**Labs, Hpylori breath test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.uptodate.com/contents/indications-and-diagnostic-tests-for-helicobacter-pylori-infection?source=search\\_result&search=h+pylori&selectedTitle=2~150](http://www.uptodate.com/contents/indications-and-diagnostic-tests-for-helicobacter-pylori-infection?source=search_result&search=h+pylori&selectedTitle=2~150).

**Decision rationale:** Regarding the request for H. pylori testing, California MTUS, ACOEM, and ODG do not contain criteria for this request. Online resources indicate that H. pylori testing is indicated for patients with gastric ulcers especially when NSAIDs are excluded as a potential cause. Within the documentation available for review, it appears that NSAIDs are indicated as a cause in this particular patient. It seems reasonable to eliminate the possible causative factor to see if the patient's G.I. complaints improved prior to performing any additional diagnostic testing. As such, we currently requested H. pylori testing is not medically necessary.