

<b>Case Number:</b>	CM15-0023136		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old injured worker suffered an industrial injury on 10/03/2008. The diagnoses included abdominal pain, Seizures, chemical exposure, obesity and right shoulder surgery. The injured worker had been treated with medications. On 11/5/2014 the treating provider reported no change in abdominal pain, depression, right shoulder pain 8/10 and weight gain. The treatment plan included Urine toxicology screen and Fasting labs (GI profile).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The injured worker sustained a work related injury on 10/03/2008. The medical records provided indicate the diagnosis of abdominal pain, Seizures, chemical exposure,

obesity and right shoulder surgery. The medical records provided for review do not indicate a medical necessity for Urine toxicology screen. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs in individuals on treatment with Opioids. The records do not indicate the injured worker is being treated with Opioids. Therefore this treatment is not medically necessary.

**Fasting labs (GI profile):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 10/03/2008. The medical records provided indicate the diagnosis of abdominal pain, Seizures, chemical exposure, obesity and right shoulder surgery. The medical records provided for review do not indicate a medical necessity for Fasting labs (GI profile). The MTUS does not recommend. The medical records reviewed did not contain detailed history and physical, nor the diagnosis of the abdominal complaint, nor information on the previous treatments for this condition. The MTUS recommends that diagnostic studies be based on the context from the information gathered from thorough history and physical examination, as the effective treatment of the chronic pain patient requires familiarity with patient-specific past diagnoses, treatment failures/successes, persistent complaints and confounding psychosocial variables. Therefore this treatment is not medically necessary.