MAXIMUS Federal Services

Case Number:	CM15-0028536		
Date Assigned:	02/20/2015	Date of Injury:	09/25/2002
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for gastroesophageal reflux disease (GERD) reportedly associated with an industrial injury of December 20, 2002. In a utilization review report dated January 23, 2015, the claims administrator failed to approve a request for a urine toxicology screen and probiotics. The claims administrator referenced an RFA form and associated progress notes of December 22, 2014 in its determination. The applicant's attorney subsequently appealed. On December 22, 2014, the applicant was given refills of Tenormin, Prilosec, Gaviscon, Colace, probiotics, and aspirin. A urine toxicology screen was also endorsed. The applicant did report various issues including hypertension, knee pain, gastroesophageal reflux disease, and irritable bowel syndrome, it is incidentally noted.

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 Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: No, the request for a urine toxicology screen (a.k.a. urine drug screen) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should clearly state when an applicant was last tested, should attempt to conform to the best practices of the United States Department of Transportation when performing drug testing, and should eschew confirmatory testing outside of the emergency department drug overdose context. ODG also suggests categorizing applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to eschew confirmatory testing, nor did the attending provider signal his intention to conform to the best practices of the United States Department of Transportation (DOT), here. It was not stated when the applicant was last tested. The applicant's complete medication list does not appear to have been attached to the RFA form. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Probiotics # 60 one tab twice daily with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/18181732.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments. Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for probiotics, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines' Chronic Pain Chapter notes that alternative treatments and/or dietary supplements such as the probiotics at issue are not recommended in the chronic pain context present here as they have not been shown to produce any meaningful or material benefits in the management of the same. Here, the attending provider did not furnish any clear, compelling, and/or cogent applicant-specific

rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.