

Case Number:	CM14-0133608		
Date Assigned:	08/29/2014	Date of Injury:	01/06/2011
Decision Date:	10/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 63-year-old with a date of injury of 01/06/11. A progress report associated with the request for services, dated 07/29/14, identified subjective complaints of abdominal pain and bloating. She also had symptoms of esophageal reflux. These began approximately four years ago. Objective findings included epigastric and left upper quadrant tenderness. Diagnoses (paraphrased) included bilateral shoulder, wrist, lumbar, and left knee pain; gastroduodenitis and gastroesophageal reflux. Past laboratory studies had been performed, but the results were not available. Treatment had included NSAIDs (non-steroidal anti-inflammatory drugs) as well as a proton pump inhibitor (PPI). Her symptoms were thought to be due to or worsened by chronic NSAID use. A Utilization Review determination was rendered on 08/12/14 recommending non-certification of "Comprehensive Metabolic Panel; H Pylori urea breath testing; and Complete Blood Count".

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that NSAID therapy results in abnormal liver function studies in up to 15% of patients. Likewise, NSAID therapy can result in renal dysfunction. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile. Therefore, the medical record does document the medical necessity for a comprehensive metabolic panel.

H Pylori urea breath testing: 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 resource UpToDate -> Indications and Diagnostic Tests for Helicobacter Pylori Infection

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address H. Pylori testing. Authoritative sources including the American College of Gastroenterology note that a test-and-treat strategy for H. Pylori is a proven management strategy for patients with uninvestigated dyspepsia who are under the age of 55 years and have no "alarm features". This patient is over 55 years, and therefore screening with an H. Pylori test is not a recommendation. Therefore, the record does not document the medical necessity for an H. pylori urea breath test.

Complete Blood Count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that NSAID therapy can have gastrointestinal side-effects. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC (complete blood count) and chemistry profile. Therefore, the medical record does document the medical necessity for a CBC.