

Case Number:	CM14-0071541		
Date Assigned:	05/18/2015	Date of Injury:	06/20/2006
Decision Date:	06/16/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/16/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 65-year-old female, who sustained an industrial injury on 6/20/06. The injured worker notes controlled acid reflux; no change in her umbilical and epigastric abdominal pain; notes sleep quality improved. However, the documentation noted that the injured worker continues to have episodes of depression twice a week. The documentation noted on 3/19/14 that the injured workers blood glucose level was 259. The diagnoses have included abdominal pain; acid reflux, rule out ulcer/anatomical alteration/ obesity and sleep disorder, likely secondary to pain. Treatment to date has included prilosec; probiotics; sentra and gaviscon. The request was for retrospective (date of service 03/19/14) labs: gastrointestinal profile quantity one; retrospective (date of service 03/19/14) accu-check glucose test quantity one and retrospective (date of service 03/19/14) urine toxicology screen quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 03/19/14) Labs: GI Profile Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines, retrospective date of service March 19, 2014 laboratories: G.I. profile #1 is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are abdominal pain; acid reflux; obesity; and sleep disorder. The documentation in the treatment plan of the progress note dated March 19, 2014 includes a request for "a GI profile. A GI profile is not specific in terms of a laboratory test request. The GI profile may include different laboratory tests depending upon the lab. The requesting provider needs to be more specific indicating the specific lab tests required. Consequently, absent clinical documentation specific laboratory tests, retrospective date of service March 19, 2014 laboratories: G.I. profile #1 is not medically necessary.

Retrospective (DOS: 03/19/14) Accu-Check glucose test Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Glucose monitoring.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes section, Glucose.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines, retrospective date of service March 19, 2014 Accu-check glucose test #1 is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. The guidelines recommend self-monitoring of blood glucose from people with type I and type II diabetes mellitus. Current glucose monitoring strategies are classified into two categories: patient self-monitoring or long-term assessment. In this case, the injured worker's working diagnoses are abdominal pain; acid reflux; obesity; and sleep disorder. The injured worker's private medical doctor treats the diabetes mellitus. The diabetes mellitus is a nonindustrial medical problem. There is no clinical indication or rationale for the internal medicine consultant to order a fasting blood sugar. Consequently,

absent clinical documentation to support an Accu check blood sugar, retrospective date of service March 19, 2014 Accu-check glucose test #1 is not medically necessary.

Retrospective (DOS: 03/19/14) Urine Toxicology Screen Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date of service March 19, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are abdominal pain; acid reflux; obesity; and sleep disorder. The internal medicine consultant is following the injured worker's medical problems. The injured worker's list of internal medicine medications includes Gaviscon, Prilosec, probiotics, Sentra AM and Sentra PM. The documentation indicates the primary treating provider is prescribing hydrocodone. There is no clinical indication or rationale for urine drug toxicology screen to be performed by the internal medicine consultant. Consequently, absent clinical documentation with a clinical indication and rationale for a urine drug toxicology screen to be performed by the internal medicine consultant, retrospective urine drug testing date of service March 19, 2014 is not medically necessary.