

<b>Case Number:</b>	CM15-0002667		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: 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 injured worker is a 62 year old female, who sustained industrial injuries as a result of cumulative trauma that occurred between 09/04/2012 and 09/04/2013. She has reported subsequent right neck, shoulder and trunk pain. The diagnoses have included cervical spine sprain/strain with radiculopathy, bilateral shoulder, right wrist, lumbar spine, right knee and right ankle strain. Other diagnoses included hypertension and constipation. Treatment to date for pain has included oral pain medication. Currently the IW complains of continued pain in the neck with radiation to the right shoulder and lower back pain radiating to the right hip with moderate right wrist pain. A urine toxicology screen and GI profile were requested but there was no documentation as to why these diagnostic tests were being ordered. On 12/09/2014, Utilization Review non-certified a request for a urine toxicology screen and GI profile labs, noting that the documentation does not indicate when the injured worker was last drug tested and there was no documentation to show whether the injured worker was a higher or lower risk individual and that the physician did not specific what lab tests/panels were being ordered via the GI profile order. MTUS Chronic Pain Treatment Guidelines were cited.

### 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 Official Disability Guidelines (ODG), Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is being treated chronically with opioid pain medications. The amount of medication being prescribed is not clear, and there is no assessment that indicates any concern for aberrant drug behavior. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for urine toxicology screen is determined to not be medically necessary.

**GI profile labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects section Page(s): 70.

**Decision rationale:** The MTUS Guidelines recommend the routine periodic monitoring of CBC and chemistry profile to include liver and renal function tests with the use of NSAIDs. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Per internal medical QME dated 10/14/2014, the injured worker reported no current gastrointestinal symptoms. Her prior symptoms had included occasional episodes of heartburn with nocturnal regurgitation of stomach acid. She self-treated with probiotics which have resolved her symptoms. She has vague symptoms of "my stomach growling". She denies any significant abdominal pain, nausea, vomiting, abnormal bleeding, jaundice, dark urine, abnormal itching, constipation, or significant diarrhea. The injured worker is noted to not be taking NSAIDS, and reportedly has no significant gastrointestinal complaints. The request for GI profile does not specify the labs that are desired, or why they are indicated for this injured worker. The request for GI profile labs is determined to not be medically necessary.