

<b>Case Number:</b>	CM15-0113256		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: 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 55 year old male who sustained an industrial /work injury on 8/20/12. He reported initial complaints of worsening gastric symptoms, shortness of breath and snoring. The injured worker was diagnosed as having obstructive sleep apnea (OSA), hypertension, acid reflux disease, and hyperlipidemia. Treatment to date includes medication, diagnostic testing, and psychologist. Currently, the injured worker complained of gastro esophageal reflux disease, (GERD) symptoms, snoring, shortness of breath, and depression. Per the primary physician's report (PR-2) on 1/5/15, exam noted blood pressure elevated at 132/92, weight of 244 lbs, lungs clear, cardiac regular rhythm without rubs and gallops, abdomen had 1+ epigastric tenderness, discoloration of the bilateral feet with cold extremities. Current plan of care included lab tests, diagnostic testing, medication, and medical follow up. The requested treatments include urine toxicology, Labs (GI profile, TSH, AMI, LIPS, CMPR, HPYA, CBC), HTN profile (Urine microalbumin, CMPR, CBC with diff, TSH, T3, T4, Lipid, CMP and CBC), and cardiology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** 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 Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing (UDT).

**Decision rationale:** ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of medical records does not indicate substance abuse, noncompliance, or aberrant behavior. The treating provider does not provide any rationale about the need for urine toxicology. Guidelines are not met; therefore, the request is not medically necessary.

**Labs (GI profile, TSH, AMI, LIPS, CMPR, HPYA, CBC):** 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 Uptodate.

**Decision rationale:** CA MTUS and ODG do not address this; therefore, alternate guidelines including Uptodate were reviewed. The treating provider notes abdomen 1+ epigastric tenderness and increased liver function tests. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab tests. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Labs (GI profile, TSH, AMI, LIPS, CMPR, HPYA, CBC) is not medically necessary and appropriate.

**HTN profile (Urine microalbumin, CMPR, CBC with diff, TSH, T3, T4, Lipid, CMP and CBC):** 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 Uptodate.

**Decision rationale:** CA MTUS and ODG do not address this, therefore alternate guidelines including Uptodate were reviewed. The treating provider notes abdomen 1+ epigastric tenderness and increased liver function tests. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab tests. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, requested treatment: HTN profile (urine microalbumin, CMPR, CBC with diff, TSH, T3, T4, Lipid, CMP and CBC) is not medically necessary and appropriate.

**Cardiology consultation:** 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 Official Disability Guidelines (ODG) Pain Chapter-Office visits.

**Decision rationale:** Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Within the documentation submitted for review, the treating provider does not give any rationale why referral is needed. Medical records are not clear about any significant change in injured worker's chronic symptoms. Given the lack of documentation, the Requested Treatment: cardiology consultation is not medically necessary.