

Case Number:	CM15-0161302		
Date Assigned:	09/04/2015	Date of Injury:	02/20/1990
Decision Date:	11/18/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 56 year old female, who sustained an industrial injury on 2-20-1990. Medical records indicate the worker is undergoing treatment for abdominal pain, acid reflux, constipation and sleep disorder. A recent progress report dated 6-17-2015, reported the injured worker complained of unchanged abdominal pain, acid reflux, constipation and sleep quality. Physical examination revealed a soft abdomen with normo-active bowel sounds. Treatment to date has included medication management. On 6-17-2015, the Request for Authorization requested urine toxicology, upper gastrointestinal series, gastrointestinal consultation, Nexium 40mg #30, Ranitidine 150mg #30, Gaviscon #1 bottle, Colace 100mg 360, Simethicone 80mg #60, Probiotics #60, Gastrointestinal profile: TSH, AML, Lipase, CMP, HPYA and CBC. On 7-15-2015, the Utilization Review noncertified the request for urine toxicology, upper gastrointestinal series, gastrointestinal consultation, Nexium 40mg #30, Ranitidine 150mg #30, Gaviscon #1 bottle, Colace 100mg 360, Simethicone 80mg #60, Probiotics #60, Gastrointestinal profile: TSH, AML, Lipase, CMP, HPYA and CBC.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a urine drug screen for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. Therefore, based on the submitted medical documentation, the request for drug screening is not medically necessary.

Upper GI series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.hopkinsmedicine.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Imaging.

Decision rationale: Regarding the request for an upper GI series, also called a barium swallow, the California MTUS does not contain criteria for this request. The Official Disability Guidelines, Hernia Chapter, states that imaging is not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. Upper GI series uses x rays and fluoroscopy to help diagnose problems of the upper GI tract. Within the documentation submitted for review, there were subjective complaints of unchanged abdominal pain, acid reflux, constipation, and bright red blood per rectum. However, there were no significant findings on physical examination and no further documentation was provided regarding previous work-up for these diagnoses. Furthermore, the treating physician did not provide a rationale as to why the upper GI series was requested. The injured worker was previously authorized for referral to a gastrointestinal specialist for evaluation of the abdominal complaints and the request was certified. Therefore, it is more appropriate to follow up with a GI specialist for diagnostic work-up. Therefore, based on the submitted medical documentation, the request for an upper GI series is not medically necessary.

GI consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a GI consultation for this patient. The California MTUS guidelines address the issue of consultants by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has clinical evidence of recurrent, chronic abdominal pain which has been attributed to NSAIDs. The patient has been authorized to see a GI consultant in the past on prior peer review. On examination of the clinical documentation, there are no records from that consultation or indication of plans for treatment or diagnosis. Without further documentation indicating why the patient has not already been seen by the referred specialist (with records), a repeat consultation referral is not indicated. Therefore, based on the submitted medical documentation, the request for GI consultation is not-medically necessary.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Federal Drug Administration (FDA), Nexium Indications Use and Prescribing Information <http://www.fda.gov/downloads/Drugs/DrugSafety/UCM322355.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records support that he has GERD. However, the patient has no documentation of why chronic PPI therapy is necessary. Therefore, based on the submitted medical documentation, the request for Nexium 40mg #30 prescription is not medically necessary.

Ranitidine 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Regarding the request for ranitidine, the California MTUS guidelines state that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. This patient has chronic, unexplained abdominal pain with a normal abdominal exam. Within the documentation available for review, there is no indication that this patient has complaints of dyspepsia secondary to NSAID use or another indication for this medication. In light of the above issues, the currently requested ranitidine is not medically necessary. Therefore, based on the submitted medical documentation, the request for ranitidine is not medically necessary.

Gaviscon #1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Guidelines and Indications for Gaviscon http://www.accessdata.fda.gov/scripts/cder/ob/docs/obdetail.cfm?Appl_No=018685&TABLE1=OB_OTC.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of antacid medications. Therefore, outside sources were sought. Per the FDA prescribing guidelines, antacids are used for the short term treatment of heartburn and flatulence. Use of an antacid is not supported with this patient's long term complaints of chronic abdominal pain and constipations. Long terms use of antacids can actually worsen heart burn and lead to hyperkalemia. Therefore, based on the submitted medical documentation, the request for Gaviscon is not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation

of diagnoses of chronic constipation and abdominal pain. In addition, there is documentation of ongoing treatment with Colace. However, there is no documentation of improvement of constipation as a result of Colace. Hence, continued use of the medication is not indicated. Therefore, based on the submitted medical documentation, the request for Colace is not medically necessary.

Simethicone 80mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedicineNet.com, Simethicone Drug indications and Dosing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS/ACOEM guidelines and the Official Disability Guidelines do not address Simethicone. Per the website, MedicineNet.com, Simethicone is an anti-gas medication. It acts in the stomach and intestines to change the surface tension of gas bubbles, enabling their breakdown in the formation of larger bubbles. In this way, it is believed that gas can be eliminated more easily by belching or passing flatus. Simethicone relieves abdominal pain due to excessive gas in the digestive tract. According to the documentation, the injured worker did not complain of excessive gas, or there was no diagnosis of that. As submitted, the request also failed to address the frequency of the medication. Therefore, based on the submitted medical documentation, the request for Simethicone testing is not medically necessary.

Probiotics #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation, The Effect of Probiotics on Gut Microbiota during the Helicobacter pylori Eradication: Randomized Controlled Trial. Oh B, Kim BS, Kim JW, Kim JS, Koh SJ, Kim BG, Lee KL, Chun J. *Helicobacter*. 2015 Sep 23.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address the topic of probiotic medications. Therefore, outside sources were sought. Per the FDA prescribing guidelines, probiotics are used for the short term treatment of diminished gastrointestinal flora. Use of a probiotic is not supported with this patient's current investigative therapy. The patient's current medical records does not support that she has been diagnosed with quantitatively diminished gastrointestinal flora. Therefore, based on the submitted medical documentation, the request for probiotic is not medically necessary.

GI Profile, Thyroid Stimulating Hormone (TSH): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a TSH test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." Except for unexplained chronic abdominal pain, patient has been documented to be in good health without complains at the time of physical exam. The patient's abdominal exam was normal. The medical records indicate that she has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for TSH testing is not medically necessary.

GI Profile, Acute Myeloid Leukemia (AML): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.hopkinsmedicine.org/kimmel_cancer_center/types_cancer/acute_myelogenous_leukemia.html Johns Hopkins Oncology: AML.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines, ODG Guidelines and the ACOEM Guidelines do not address the topic of this test. Per the John's Hopkins Manual of Oncology, acute myelogenous leukemia (AML) presents with symptoms resulting from bone marrow failure, symptoms resulting from organ infiltration with leukemic cells, or both. The neoplasm may result in GI bleeding which may be caused by thrombocytopenia and coagulopathy that results from disseminated intravascular coagulation (DIC). The reason for this test is unclear. At the patient's most recent clinical encounter, there is no documentation that the patient has a history of neoplasm, recent weight loss, cachexia or signs/symptoms indicative of acute blood loss. Therefore, based on the submitted medical documentation, the request for a GI profile AML screening test is not medically necessary.

GI Profile, Lipase (LIPS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS ACOEM guidelines state that labs for initial assessment of a patient should be ordered specific to the disease process being evaluated. Amylase and lipase are pancreatic digestive enzymes, which are used to diagnose acute pancreatitis. Most patients with acute pancreatitis have acute onset of abdominal pain. The employee had chronic abdominal pain without any abnormality documented on physical exam. Hence, the request for lipase is not indicated. Therefore, based on the submitted medical documentation, the request for lipase testing is not medically necessary.

GI Profile, Complete Metabolic Panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lab Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." This patient has not been documented to have chronic medical diseases, which would affect their hepatic or renal function. The medical records reflect that the patient has chronic abdominal pain which is refractory to current therapy. On physical exam the patient has a benign abdominal exam. Prior metabolic study results are not documented for comparative purposes. Without the results of other lab data to compare new testing, repeat testing is not indicated. Therefore, based on the submitted medical documentation, the request for CMP testing is not medically necessary.

GI Profile, H pylori (HPYA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection. Am J Gastroenterol. 2007 Aug; 102(8): 1808-25. Epub 2007 Jun 29. Chey WD, Wong BC; Practice Parameters Committee of the American College of Gastroenterology. PMID: 17608775.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Medical Treatment Utilization Schedule (MTUS) does not address the management of Helicobacter pylori. American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection (2007) presents recommendations for the diagnosis and treatment of H. pylori. Indications for diagnosis and treatment of H. pylori include active peptic ulcer disease and a history of peptic ulcer disease. This patient has been documented to have chronic, unexplained abdominal pain. Investigational studies have been unrevealing this far as to the cause of the patient's pain. The patient's pain is not relieved with her current medical therapy. The patient has not been demonstrated to have recurrent peptic ulcerative disease refractory to medical therapy. Therefore, based on the submitted medical documentation, the request for h pylori testing is not medically necessary.

GI Profile, Complete Blood Count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." Although this patient has complained of chronic abdominal pain, the medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The patient has not had documentation of a positive fecal occult blood test or signs or symptoms indicative of anemia. The patient's medical records indicate that the patient's abdominal exam was benign. A CBC is not indicated based on the current medical records. Therefore, based on the submitted documentation, the request for CBC testing is not medically necessary.