

Case Number:	CM15-0041744		
Date Assigned:	04/10/2015	Date of Injury:	01/01/2006
Decision Date:	06/11/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/05/2015

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 male who sustained an industrial injury on 01/01/2006. Diagnoses include abdominal pain, hiatal hernia, esophageal polyp-submucosal leiomyoma, gastritis secondary to medications and stress, constipation/diarrhea-rule out irritable bowel syndrome, hypertension and hyperlipidemia. Treatment to date has included medications, diet modifications, blood pressure monitoring and fluid management. Diagnostic studies performed to date included endoscopy and labs. According to the progress notes dated 01/07/2015, the injured worker reported controlled abdominal pain, constipation, acid reflux and hypertension. Objective findings were blood pressure 136/92, abdomen soft with normal bowel sounds and no tenderness or distension. A request was made for Probiotic; urine toxicology screen; GI Profile: TSH, amylase, lipase, comprehensive metabolic panel, H. pylori A5 and CBC and urinalysis. The Request for Authorization form was submitted on 01/07/2015 for Citrucel, Carafate, probiotics, a urine toxicology screening test and multiple laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotic 1 tab twice daily #60 prescribed 01/07/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://nccam.nih.gov/health/probiotics/introduction.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Last Updated: December 2012. National Center for Complementary and Integrative Health. Oral Probiotics.

Decision rationale: According to the National Center for Complementary and Integrative Health, probiotics are live micro-organisms that are either the same or similar to micro-organisms found naturally in the human body and maybe beneficial to health. The US Food and Drug Administration has not approved any health claims for probiotics. In this case, the injured worker has continuously utilized probiotics since 09/2014. The medical necessity for the ongoing use of the requested medication has not been established in this case. Given the above, the request is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

GI Profile: TSH, Amylase, Lipase, Comp Met Panel, H. Plyori A5, CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online, HON code standard for trustworthy health

information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on December 19, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, screening tests are an important part of a preventative healthcare plan. The tests can be used for early detection of more common and potentially deadly disease. In this case, there is no documentation of a significant abnormality to support the necessity for the requested laboratory testing. The documentation provided did not specify when the latest GI profile was completed. The results of the latest laboratory testing were not provided. The injured worker's symptoms appear to be well controlled. The medical necessity for the requested laboratory testing has not been established in this case. As such, the request is not medically necessary.

HTN Profile: Urine Microalbumin, Comp Met Panel, CBC with diff, TSH, T3, T4, Lipid, CMP, CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Cleveland Clinic 2004 Lipid BLOOD Tests, Medline Plus Encyclopedia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on December 19, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, laboratory testing is not diagnostic for hypertension. Tests are frequently ordered to detect conditions that may be causing and/or exacerbating symptoms or to evaluate and monitor organ function over time. In this case, there was no documentation of a significant abnormality to support the necessity for the requested testing. According to the documentation, the injured worker is currently under the care of a cardiologist and recently underwent cardiac surgery. The documentation provided did not mention when the latest hypertension related laboratory testing was ordered. The results of the previous laboratory testing were not provided. Given the above, the medical necessity has not been established in this case. As such, the request is not medically necessary.

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.